

Registration District No. **701**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Ann's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rose Riske

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 22 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 17 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ira Marie Riske
15. Birthplace Defiance Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Victorine

(b) Address 5301 Page Blvd.

17. (a) _____ (b) Date thereof 1-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Theodore Mohr

(b) Address 5301 Page

19. (a) JAN 17 1941 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
(d) Street No. 5301 Page Blvd. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1941 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Jan 13 1941 to Jan 17 1941
that I last saw him alive on Jan 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Primary Broncho Pneumonia
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10/1

Major findings: Of operations _____

Of autopsy 10/1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury A

23. Signature John H. Brudeck (M. D. or other) _____
Address 1467 Main Ave Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.