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**FEB 25 1941**  
Registration District No. 91

Primary Registration District No. 1003

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

**1. PLACE OF DEATH:**

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours  
(Specify whether years, months or days)

In this community 75 years.  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Ottilia Rose

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

4. Sex female 5. Color or race White

6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased November 3, 1859  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>22</u>	hr. min.

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

10. Usual occupation Custodian

11. Industry or business Mercantile Library

**MOTHER FATHER** { 12. Name Henry Rose

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Crescentia Wetzel

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Lambrechts

(b) Address 3522 So. Kingshighway

17. (a) burial (b) Date thereof 1/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa St.

19. (a) JAN 27 1941 (b) J. W. Bredich  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3522 So. Kingshighway  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 25  
year 1941 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan 25 1941 to Jan 25 1941, 1941  
that I last saw him alive on Jan 25 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration.....

Due to arterio-sclerosis - unknown

Due to ASD

Other conditions ASD  
(Include pregnancy within 3 months of death)

Major findings: ASD

Of operations.....

Of autopsy none

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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) (2) Means of injury

23. Signature H. Hoffmeister (M. D. or other).....

Address 3318 S Grand Date signed 1-27-41

**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

*Ernest W. Spillers*

Licensed Embalmer No.

*4080*

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, fact should be so stated above.**