FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12549

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2979

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: Josephine Heitkamp Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community born here

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 Evans Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rose Rosche

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Rosche

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

7. Birth date of deceased April (Month) 21 (Day) 1866 (Year)

8. AGE: Years 74 | Months 11 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Jacob Scholl
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Ludwina Wolf
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs. F. J. Koster
(b) Address 3811 DeTonty Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) APR - 4 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 10.20 minute A. M.

21. I hereby certify that I attended the deceased from 3/29/41, 19..., to 4-2, 1941; that I last saw h er alive on 4-1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	10 days.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) no
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Thos M Mosher (M. D. or other)
Address 634 No grand Date signed 4/3/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 John Ketter

Licensed Embalmer No. 3880

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.