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

JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19008

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1009

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town MAPLEWOOD — (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2024 BELLEVIEW — (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO — (b) County St. Louis 96 5 3
(c) City or town MAPLEWOOD (If outside city or town limits, write "RURAL")
(d) Street No. 2024 BELLEVIEW — 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME ALVINA ROSE
3. (b) If veteran, name war ..... 3. (c) Social Security No. NONE
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED —
6. (b) Name of husband or wife JOSEPH ROSE 6. (c) Age of husband or wife if alive = 67 = years
7. Birth date of deceased DEC (Month) 12TH (Day) — 73 (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	29	..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation
11. Industry or business = AT HOME =
FATHER
12. Name THOS. MEDANICH
13. Birthplace (City, town, or county) AUSTRIA 4 (State or foreign country)
MOTHER
14. Maiden name MARGARET NAGRO
15. Birthplace (City, town, or county) ITALY = 5 (State or foreign country)
16. (a) Informant JOSEPH ROSE
(b) Address 2024 BELLEVIEW =
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/14/41 = (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM —
18. (a) Signature of funeral director M. J. Croghan =
(b) Address 7146 MANCHESTER AV —
19. (a) MAY 12 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11TH year 1941 hour 5 minute A.M.
21. I hereby certify that I attended the deceased from May 1, 1938 to May 11, 1941; that I last saw her alive on Apr 28, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Normal Regurgitation of Death	3 yrs
Due to Arterio-Sclerosis	3 yrs
Due to Hypertension	3 yrs
Chronic Myocarditis	3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 97

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. M. Kinner (M. D. or other) 12
Address 3014 S. Jefferson Date signed May 11 41

(Licensed Embalmer's Statement on Reverse Side)

Dr Kinner
3016 S. Jefferson

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 Francis E. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchest

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.