No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39400

FILED DEC 1 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2319

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 10/27/41 (Specify whether

In this community Since 10/27/41. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County

(c) City or town Granite City 11 (If outside city or town limits, write "RURAL")

(d) Street No. 2311 Hodge Street 0 (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Howard E. Roseberry

3. (b) If veteran, name war World

3. (c) Social Security No. 335-10-5542

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lena

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

7. Birth date of deceased November (Month) 8, (Day) 1899 (Year)

8. AGE: Years 42 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation WPA Foreman

11. Industry or business -

FATHER
12. Name William M. Roseberry
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Emma Southard
15. Birthplace (City, town, or county) Utah (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov-16 41 (Month) (Day) (Year)

(c) Place: burial or cremation Granite City Ill

18. (a) Signature of funeral director Charles E. Mercer

(b) Address Granite City Ill

19. (a) NOV 15 1941 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th, year 1941 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from October 27, 1941 to November 15, 1941 that I last saw him alive on November 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease, marked cardiac enlargement, mitral valve damage, Due to myocardial damage, myocardial insufficiency and auricular fibrillation. Duration Unknown

Due to -

Other conditions Diabetes mellitus. (Include pregnancy within 3 months of death) Unknown

Major findings: Of operations -

Of autopsy Autopsy not granted.

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

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 11/15/41

(Licensed Embalmer's Statement on Reverse Side)

per L.J.M.

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

~~Charles E. Myers~~, Registered Apprentice No. ~~[illegible]~~

working under my personal supervision.

Signed Charles E. Myers

Licensed Embalmer No. 2988

P. O. Address Granite City, Ill.

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

If this body is not embalmed, fact should be so stated above.