

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County ST. LOUIS  
 (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. JOHNS 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 MARY ROSE

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 MARRIED  
 6. (b) Name of husband or wife LAWRENCE ROSE 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased FEB. 26 1878  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>18</u>	hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name HENRY MORSE  
 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name BRIDGET FALLON

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

16. (a) Informant Mrs. Mae Webb  
 (b) Address 8417 Sycamore Ct. Overland

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN 16 1942  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation ONE GROVE CREMATORY

18. (a) Signature of funeral director J. F. Brideck  
 (b) Address 5165 Delmar Bldg.

19. (a) JAN 19 1942 (Date received local registration) (b) J. F. Brideck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County WARREN  
 (c) City or town OVERLAND  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8917 Sycamore Court (If rural, give location)  
 (e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 14  
 year 42 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-10-42  
 \_\_\_\_\_ 19\_\_\_\_ to 1-14 1942  
 that I last saw her alive on 1-14 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia  
 Due to 1226  
 Due to \_\_\_\_\_  
 Other conditions Incarcerated P.O. hernia  
 (Include pregnancy within 3 months of death)

Major findings: Numerous intestinal adhesions & P.O. hernia  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. J. Gallagher (M. D. or other) MO  
 Address 7634 W. 13th Date signed 1-15-42

Miss Helen Van...  
Mrs. Patricia Bledy  
722 2275

JAN 27 1954

**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 A. Y. Harris  
Licensed Embalmer No. 3384  
P. O. Address St Louis

**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.