S. No. 2
1—1-4-41
7. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9148

Registrar's No. 2134

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7mos. 4days. (Specify whether years, months or days)
In this community About 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5081 Raymond Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES ROSENFELDER

3. (b) If veteran, name war —

3. (c) Social Security No. 494-01-5226

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Lottie Rosenfelder

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

7. Birth date of deceased April 25, 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Vegetable Clerk

11. Industry or business

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

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

16. (a) Informant L. Deggendorf
(b) Address City Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Blvd.

19. (a) MAR 9 1942 (Date received local registrar) J. L. Bedwick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1942 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 8-4-1941 19 to 3-7-42 19 that I last saw him alive on 3-7-42 19 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 3-5-42 — Duration

Due to Incarcerated Hernia

Due to Gen. Arteriosclerosis 8-1941x
Chronic Myocarditis 8-1941

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

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 Hubert Smith (M. D. or other)
Address 5400 Arsenal Date signed 3/7/42

844

(Licensed Embalmer's Statement on Reverse Side)

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 Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address 4024 Lindell Blvd.
St. Louis, Missouri

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.