S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9149

Registrar's No. 2254

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: CITY SANITARIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-20-1938
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4417 WALLACE 13
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CATHERINE ROSNER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased DEC (Month) 22 (Day) 1894 (Year)

8. AGE: Years 47 Months 2 Days 16 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ALBERT NILHAS
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CATHERINE WITTEMEIER
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Charles Rosner

(b) Address 4417 WALLACE. AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS PETER & PAUL CEM

18. (a) Signature of funeral director Jos. P. Fmaler

(b) Address MAR 7/2 1942 Michigan Av

19. (a) (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1942 hour 12 minute 40 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Labar Pneumonia, Comminuted Intertrochanteric Fracture of right Femur. Received when she was struck by Margaret Bengert another Inmate of the Sanitarium about 6 am Feb 26-1942 On Hall D-2 of the City Sanitarium

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1952 1948
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) Accident 000

(b) Date of occurrence Feb 26-1942

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Sanitarium (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 3/12/42

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.