No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32375
9044

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day/ (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17 ~~15~~ 15
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 4053 Eichelberger Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MOLLIE BIERBAUM ROSENAUER
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 Martin Rosenauer
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 9th (Month) 1887 (Day) (Year)

8. AGE: Years 55 Months 3 Days 19 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife.
FATHER 12. Name Fred. Volk
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Barbara Boehm
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Martin Rosenauer
(b) Address 4053 Eichelberger
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31/42 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul
18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave.
19. (a) OCT 30 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28. year 1942 hour 10 25 A.M. or P.M.
21. I hereby certify that I attended the deceased from 10-27-42, 19..., to 10-28-42, 19...; that I last saw her alive on 10/28/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary anemia	12-13 years
Due to Mild Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy (Primary anemia Mild Nephritis)

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 D. C. Hughes (M.D. or other)
Address 4623 S. King's Highway Date signed 10/29/42

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 - 1942

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Camp Shipping

Br Phillips

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois av

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.