

FILED JAN - 5 1942 8  
Registration District No. 31

Primary Registration District No. 1003

Registrar's No. 10851

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(c) Name of hospital or institution: BARNES HOSPITAL  
(d) Length of stay: In hospital or institution 107 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 175  
(d) Street No. 5705 Pershing Ave. 95  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Rosalind Day

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Dr. James L. Day 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 1892 (Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days hr. min.

9. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business

12. Name John Ross

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs. Kathryn M. Buder (b) Address #29 Crestwood Drive

17. (a) Burial (b) Date thereof 12-29-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Donnell  
(b) Address 3840 Lindell Blvd.

19. (a) DEC 28 1942 (b) J. F. Budeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1942 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from Sept 15 1942 to Dec 26 1942

that I last saw h.s.v. alive on Dec 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous leukemia

Due to ?

Due to ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? While at work? (Specify type of place) (e) Means of injury

23. Signature F. R. Bradley (M. D. or other) Address BARNES HOSPITAL Date signed 12-22-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 William Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**