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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7698

FILED MAR 11 1943

Registration District No. 1

Primary Registration District No. 111

Registrar's No. 424

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7755 Giessler
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 46 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Richmond Heights 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7755 Giessler
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lydia Louise Rosenbleet

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 David Rosenbleet

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

7. Birth date of deceased April (Month) 18 (Day) 1872 (Year)

8. AGE: Years 70 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Chas. F. A. Behrensmeyer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Beilstein
15. Birthplace Adams County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Geo. P. Behrensmeyer
(b) Address Quincy, Illinois

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) FEB 22 1943 (Date received local registrar) (b) C. G. McGannon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th year 1943 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1942, to Feb. 17, 1943, that I last saw her alive on Feb. 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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)
While at work? (e) Means of injury 0

23. Signature O. E. Williamson (M. D. or other)
Address 6336 Clayton Road Date signed 2/19/43

701

(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.....

Licensed Embalmer No.....1597.....

P. O. Address.....

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.