

FILED APR 1 1944

Registration District No. **9443**

Primary Registration District No. **1003**

S. No. 2
M-2-43
5-17-39
I X35697

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. - 3 days
(Specify whether years, months or days)
In this community 8 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3135 Eads Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MABEL ROZHON

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept 4 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 23 - If less than one day hr. min.

9. Birthplace Birmingham Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

12. Name Chas Beall

13. Birthplace Piedmont West Virg.
(City, town, or county) (State or foreign country)

14. Maiden name Cora Penston

15. Birthplace North Vernon Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Rozhon

(b) Address 3135 Eads Ave

17. (a) Burial (b) Date thereof 3 / 29 / 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) MAR 28 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1944 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from 11/24/43
19. to March 27th 19. 44
that I last saw h. or alive on March 27th 19. 44
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to General Paralysis
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Cortical atrophy

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? _____

23. Signature Chas Beall (Specify type of place) _____
While at work? _____ (c) Means of injury _____
Address _____ Date signed _____

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

L.R. Cooper

Licensed Embalmer No.

3638

P. O. Address

2317 Lafayette St

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.