

FILED MAY 1 1944
Registration District No. 5977

Primary Registration District No. 3069

Registrar's No. 993

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:
St Mary Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosalie ROASKIE B. AVIS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 7 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 15 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>0</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name William F Broodhead

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

14. Maiden name Rosalie Weber

15. Birthplace St Louis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Nathrup Avis

(b) Address 309 Tuleedo Webster Town Mo

17. (a) Interd
(Burial, cremation, or removal)

(b) Date thereof 4-27-44
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Bur

18. (a) Signature of funeral director Lania H. Bopp, Inc

(b) Address Richwood Mo

19. (a) APR 28 1944 (Date received local registrar)

(b) E. G. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4359 Last Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25th
year 1944 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 7 1940 to Apr 25 1944
that I last saw h. or alive on Apr 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobes

Due to Type 6 Pneumococcus
Septicemia

Due to Septicemia

Other conditions Bronchitis and Chole...
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 100

Duration
24 days

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Edith E. Geston M.D.
Address Webster Groves Mo Date signed 4/24/44

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

2
43
39
35097

JUN 24 1944

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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood Mo

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.