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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 24 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22560  
State File No. 9

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 1307

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7494 Drexel Ave.  
(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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town University City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7494 Drexel  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maurice L. Roos  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Fannie Roos 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased April 20, 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New York N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Special Agent Insurance

11. Industry or business \_\_\_\_\_

12. Name unknown  
 13. Birthplace New York N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name unknown  
 15. Birthplace New York N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Roos  
 (b) Address 7494 Drexel

17. (a) Burial (b) Date thereof 6-16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindstad  
 (b) Address 5216 Delmar Blvd.

19. (a) JUN 17 1944 (b) E. H. McDevau, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 14  
 year 1944 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from April 25, 1936 to June 14, 1944  
 that I last saw him alive on June 12, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hr

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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)  
 (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Metropolis Bldg Date signed 6/14/44

MOTHER FATHER

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

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(Licensed Embalmer's Statement on Reverse Side)

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

*John Ketter*  
Licensed Embalmer No. *3880*  
P. O. Address *5216 Delma*

**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.**