

FILED JAN 20 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 208

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2127 Clifton Avenue 10
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert Hyndman Rosborough

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

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

6. (b) Name of husband or wife Alice Marion McLennan 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 15, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 22 If less than one day
hr. min.

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

10. Usual occupation Retired salesman

11. Industry or business Boiler supplies

12. Name Robert Rosborough

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

14. Maiden name Mary E. Smith

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

16. (a) Informant Alice M. Rosborough

(b) Address 2127 Clifton Avenue

17. (a) Burial (b) Date thereof 1/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 9 1945 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
 Year 1945 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 2 to 26 1945 to Jan 7 1945
 that I last saw him alive on Jan 7 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Myocarditis

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

Major findings: Of operations _____

Of autopsy No 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 J. F. Budick (M. D. or other) _____
 Address 1537 S. Grand Blvd. Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Edward M. Bookman*

Licensed Embalmer No. *2509*

P. O. Address *Dayton, 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.