

FILED NOV 19 1945
STANDARD CERTIFICATE OF DEATH

State File No. **36047**

Registrar's No. **9561**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9561**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3154 Longfellow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 26 Years
years, months or days)

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")
(d) Street No. 3154 Longfellow
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rose Myrtle Zanglin

3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 21 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 11 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name David Parker
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Julia Foraker
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Zanglin
(b) Address 3154 Longfellow

17. (a) Burial (b) Date thereof 11 / 6 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) NOV 5 1945 (b) J. F. Brudeck
(Date received at registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 45 hour 11 minute 30 P- M.
21. I hereby certify that I attended the deceased from Sep't. 10
1936 to Nov. 2 1945;
that I last saw h. ET alive on Nov. 2 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to Hypertension yrs. 2
Arteriosclerosis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of 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. Lewis Hutton (M. D. or other) MD
Address 3606 Gravois Date signed 11/3/45

Duration
?
yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *C. W. Cooper*.....

Licensed Embalmer No. 3830.....

P. O. Address 2301 Lafayette.....

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.