

S. No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42892  
State File No. \_\_\_\_\_  
Registrar's No. 11316

**FILED JAN 13 1948**

Registration District No. \_\_\_\_\_ Primary Registration District No. 100

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:  
3452a Sidney St.  
(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 \_\_\_\_\_  
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. 3452a Sidney St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 29th.  
year 1946 hour 6:30 P. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marguerite Rosenbach nee Trautenmiller Age of husband or wife if \_\_\_\_\_ years  
7. Birth date of deceased November 27, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20<sup>th</sup> 1945 to December 29<sup>th</sup> 1946  
that I last saw him alive on Dec. 29<sup>th</sup> 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
80 1 2 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Cerebral apoplexy 1 da.  
Due to Arterio-sclerosis. 5 yrs.  
Due to Chronic myocarditis. 5 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. (1)  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Peter Rosenbach  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Roeder  
15. Birthplace St. Louis Mo. (1)  
(City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Rosenbach  
(b) Address 3452a Sidney St.

17. (a) Burial (b) Date thereof 1/2/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) DEC 31 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Albert Berbarth (M. D. or other) MD.  
Address 3606 Grosvenor Ave Date signed 12/30-46

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

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**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 *William G. Burkhead*

Licensed Embalmer No. *21103*

P. O. Address *St Louis, 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.**