

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 2950
Registrar's No. 165

FILED JAN 23 1948 18
Registration District No. _____

Primary Registration District No. _____

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: DeSloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Weeks
In this community 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4812 LeDuc St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rose Novotny

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 Widow

6. (b) Name of husband or wife Dont Know 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 3rd 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Paris France
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

12. Name Dont Know

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

14. Maiden name "
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice E. Viefhaus

(b) Address 4812 LeDuc St.

17. (a) Burial (b) Date thereof 1-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JAN 7 1948 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1946 to Jan 6, 1947
that I last saw her alive on Jan 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Coronary artery Duration 10 weeks

Due to arteriosclerotic heart disease Ulcera

Due to _____

Other conditions 9/3
(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 G. O. Brown (M. D. or other) _____

Address 1325 S. Grand Date signed 1/6/47

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.