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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 24 1947**

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

State File No. **11467**  
Registrar's No. **2767**

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2365 Klemm Ave.**  
(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. **2365 Klemm**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John F. Rossman**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 15, 1865**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Mar** day **15**  
year **1947** hour **4.00A.M.** minute \_\_\_\_\_  
21. I hereby certify that I attended the deceased on **27/14** 19 **47**  
that I last saw him alive on **27/14** 19 **47**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Pneumonia -**  
**Cerebral Haemorrhage**

8. AGE: Years Months Days If less than one day  
**81** **7** **0** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Cerebral Haemorrhage**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

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

12. Name **John Rossman**

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

14. Maiden name **Angie Stark**

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

16. (a) Informant **Mary B. Rossman**

(b) Address **2365 Klemm**

17. (a) **Burial** (b) Date thereof **3/17/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Edith E. Anbruster**  
(b) Address **4234 Manchester**

19. (a) **MAR 16 1947** (b) **J. F. Brudeck**  
(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?  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Charles E. Egan** (M. D. or other) \_\_\_\_\_  
Address **1102 - 69th St** Date signed **3/15/47**

Physician  
**Stark**  
**Today**  
Underline the cause to which death should be charged statistically.

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

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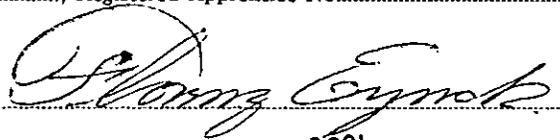
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 1284.....

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.**