No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 526

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. J663

State File No. 10508 0

Registrar's No. 806

1. PLACE OF DEATH:
(a) County: St. Louis,
(b) City or town: Clayton 5, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Res: 7451 York Drive, 1
(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: St. Louis, 96
(c) City or town: Clayton 5, 2
(If outside city or town limits, write "RURAL")
(d) Street No.: #7451 York Drive, 3
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: ROSALIA BYAR ROSEMANN.
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: Female. 1
5. Color or race: White.
6. (a) Single, widowed, married, divorced: Widowed. 2
6. (b) Name of husband or wife: Frank R. Rosemann,
6. (c) Age of husband or wife if alive: Dec'd. years
7. Birth date of deceased: August 11, 1869. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78.	7.	14.	hr. min.

9. Birthplace: St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation: At Home.
11. Industry or business:
FATHER
12. Name: Edward Byar.
13. Birthplace: Germany. 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Helena Leimeister.
15. Birthplace: Germany. 4
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Samuel B. Lambert.
(b) Address: 7451 York Drive,
17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof: 3/27/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cem.,
18. (a) Signature of funeral director: C.R. Lupton & Sons.
(b) Address: #7233 Delmar Blv'd.
19. (a) 3-27-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 25th, year: 1948. hour: 3:30 minute: a. M.
21. I hereby certify that I attended the deceased from: August 1940 to: March 1948 that I last saw alive on: March 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast, 2	
Due to:	
Due to: 50	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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)
While at work? (e) Means of injury:
23. Signature: [signature] (M. D. or other) M.D.
Address: 390 3 [illegible] Date signed: 3/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1948

3903 Olive
gs 2 2 2 3
10-1

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 Clarence H Murray.

Licensed Embalmer No. 4011

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.