

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **21299**
Registrar's No. **5728**

FILED JUL 3 1948
Registration District No. **318**

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:
4568 Tower Grove Place.
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4568 Tower Grove Place. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ROSEBERRY.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clyde G. Roseberry. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 11 1903
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Charles R.

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

14. Maiden name Katherine Ward.

15. Birthplace Columbia, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Fraizer.

(b) Address 4568 Tower Grove Pl.

17. (a) Cremation (b) Date thereof Jun. 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) JUN 25 1948 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1948 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from May 10th 1948 to June 23rd 1948, that I last saw her alive on June 23rd 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon 6 months Duration

Due to _____

Due to _____

Other conditions Secondary Anemia 6 months
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature High Turner (M.D. or other) _____

Address 251 Blackstone Date signed June 24-1948

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

1251
MUC - 1230
Blackstone

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

Arnold W. Schene

Licensed Embalmer No. *3864*

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.