

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21761  
Registrar's No. 1560

FILED JUL 11 1948  
Registration District No. 37

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 days (Specify whether  
In this community 59 years years, months or days)

3: (a) PRINT FULL NAME ROSER, Frank A.

3. (b) If veteran, name war VV-1 3. (c) Social Security No. 489-10-1518

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased October 3, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 8 19 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business -

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Registrar - VAH

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 6/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Bebken-Benz Mort.

(b) Address 2842 Meramee, St. Louis, Mo.

19. (a) 6-24-48 (b) Bealag, Sharp, MO  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3908 Delor Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1948 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from May 21, 1948 to June 22, 1948  
that I last saw him alive on June 22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death MALIGNANT TUMOR, LEFT FEMUR, WITH METASTASIS TO LUNG AND ADRENALS

Due to UREMIA

Due to 556

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6/8/48 - Exploratory & Biopsy

Of autopsy Autopsy performed (see cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? L. E. Stillwell (Specify type of place) (Means of injury)

23. Signature L. E. STILLWELL (M. D. or D.O.)

Address VAH, Jeff. Brks., Mo. Date signed 6/22/48

Duration  
Unk.  
Unk.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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..... me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**