

U.S. No. 3906
OM-10-47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35191

State File No. _____

2208

FILED OCT 29 1948
Registration District No. _____

Primary Registration District No. 6076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6538 Hobart 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 Mo. (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6538 Hobart Ave.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA ROSEMEYER

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1948 hour 1.55 minute A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb. 15, 1873.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 March '47
_____ 19 _____ to 20 Sept. 1948
that I last saw her alive on 19 Sept. 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 7 5 hr. _____ min.

Immediate cause of death Carcinoma of colon Duration over 2 years

Due to _____

Due to _____

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

10. Usual occupation Retired

Other conditions _____
(Include pregnancy within 8 months of death)

11. Industry or business _____

12. Name Louis Letge

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

14. Maiden name Anna ?

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

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur C. Rosemeyer

(b) Address 6538 Hobart Ave.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Sept. 23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 9-22-48 (b) Cecil A. Z. Sharp, M.D.
(Date received local registrar) (Registrar's signature) (B.M.)

(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) (c) Means of injury

23. Signature Robert S. Hue (M. D. or other) M.D.
Address 3201 Overland St. Date signed 20 Sept 48

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

96
0
0

MOTHER FATHER

Dr. Robert Nye,
3201 Arsenal St.,
La: 2754 7-8 P.M.

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 Etienne H. Kemele

*Licensed Embalmer No. 4283

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.