

1. PLACE OF DEATH:

(a) County _____
(b) City or town City St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Infirmiry Hospital .0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-1-47/12-9-
48 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County W
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St
13 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Allen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12- day 9-
year 1948 hour 11 minute 15 P.M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 11 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to 12-9- 1948
that I last saw her alive on 12-9- 1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Arteriosclerotic Heart Disease
Due to _____

8. AGE: Years 74 Months 0 Days 28 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy same

9. Birthplace Unknown Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Bruce Alexander

13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Alexander

15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal St

17. (a) Removal (b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation Green Mounting Cem.

18. (a) Signature of funeral director Virginia D. Guyman

(b) Address Belleville Mo

19. (a) DEC 10 1948 (b) _____
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury _____
3. Signature Maxine Olanoff (M. D. or other) _____
Address 5800 Arsenal Date signed 12/10/48

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

MOTHER FATHER

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

Wigil A. Bergman

Licensed Embalmer No.

3697

P. O. Address

Belleville, Ill

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.