

No. 3000
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42106
State File No. _____
Registrar's No. 2679

Registration District No. 177

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County Rural Affton

(b) City or town St. Louis

(c) Name of hospital or institution:
Miller Nursing Home 11
(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
years, months or days

3. (a) PRINT FULL NAME JACOB JOHN ROOS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Francis Roos

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 17 1948
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name Leonard Roos

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

14. Maiden name Unkn

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

16. (a) Informant Mary A. Roos

(b) Address 3664 Washington

17. (a) Burial (b) Date thereof Dec. 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director _____

(b) Address 6464 Chippewa St.

19. (a) 72-74-48 (b) Thursel L. Lunge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 8149 Gravois Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 11th, 1948 to Dec. 12, 1948
that I last saw him alive on Dec. 11th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carerebral Hemorrhage, (Right side) Duration 1 day

Due to _____

Due to 131 R

Other conditions Arteriosclerosis and 1 yr. Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

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? _____

(Specify type of place) _____ (e) Means of injury _____

While at work _____

Signature W. H. Hester (M. D. or other) _____
Address 3608 S. Grand Blvd. Date signed 7/13/48

Dr. Walters

LA 2891

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 Lewis C. Hoffmeister

Licensed Embalmer No. 3471

P. O. Address 7814 S Broadway

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.