

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14108

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3747

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (In this place) 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. City Hosp. # 1		d. STREET ADDRESS (If rural, give location) 2712 1/2 ERDS AVENUE	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) ROSA	b. (Middle) Ablice	c. (Last) ROSENSTANGEL	(Month) (Day) (Year) APR. 25-1949
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH MAR-17-1871
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE	11. BIRTHPLACE (State or foreign country) IOWA

13a. FATHER'S NAME THOMAS R. GREY	13b. MOTHER'S MAIDEN NAME MARY JANE Knight	14. NAME OF HUSBAND OR WIFE William
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CLARA Dutton - Fulton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of lungs. IV of left</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>sibs, both sides; subin. she fell down the wooden steps</u> DUE TO (c) <u>sliding from rear porch at</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2714 E. Erds to brick paved yard. Apr 22 1949 about 9:30 AM</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>yard</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 22 49 9:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>FALL</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Patrick E Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4-26-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. PETERS</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 26 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W McKeoughlin</u>	
				ADDRESS <u>5301 Fayette</u>

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*R. Cooper*

Licensed Embalmer No. 3633

P. O. Address 2201 Lafayette

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.