

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17104

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4586**

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3222 Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>3222 Liberty</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> (Middle) <u>W.</u> (Last) <u>Breitenbach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-49</u> <u>2/25</u> P.M.	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>July 26-1867</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u> Hours <u></u> Min. <u></u>	IF UNDER 2 YEARS Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moselle Mo</u>
			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Otten</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Lindeman</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.A. Breitenbach 3222 Liberty St.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 year</u> <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vraenici</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. nephritis</u> DUE TO (c) <u>Chr. Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo</u> <u>Mo</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>592X</u>
22. I hereby certify that I attended the deceased from <u>5/20</u> ¹⁹ <u>49</u> to <u>5/23</u> ¹⁹ <u>49</u> , that I last saw the deceased alive on <u>5/23</u> ¹⁹ <u>49</u> , and that death occurred at <u>2:25</u> ¹⁹ <u>49</u> <u>pm</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>Wm Simpson M.D.</u>	23b. ADDRESS <u>3739 Gravois ave</u>	23c. DATE SIGNED <u>5/24/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-25-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Moselle Mo.</u>

DATE REC'D BY LOCAL REG. <u>MAY 24 1949</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingbermuehle Funeral Home 3819 S. Grand Blvd</u>
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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

J Allen Harris

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.