

FILED JUL 28 1950 STANDARD CERTIFICATE OF DEATH

State File No. 25479

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 363		Registrar's No. 1766	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		405.0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital				d. STREET ADDRESS (If rural, give location) Route 1 // Box 388			
3. NAME OF DECEASED (Type or Print) a. (First) Harold		b. (Middle) Rosenkoetter		c. (Last) 7		4. DATE OF DEATH (Month) (Day) (Year) July 20th, 1950	
5. SEX Male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH Aug 3rd, 1907	
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gardner		11. BIRTHPLACE (State or foreign country) St. Louis Co		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Gustav Rosenkoetter		13b. MOTHER'S MAIDEN NAME Kate Cellein		14. NAME OF HUSBAND OR WIFE Charlotte Rosenkoetter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlotte Rosenkoetter, R#1 Box 388			
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, aethenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure due to blockage of bronchioles with water. DUPLICATE BEHIND ONSET AND DEATH 3 7598 42					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural causes		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) creek		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Coldwater Creek St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 20 50 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? jumped into creek			
22. I hereby certify that I attended the deceased from 7/20, 19 50, to 7/20/1950, that I last saw the deceased alive on 7/20, 19 50, and that death occurred at 5:55 m., from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) Edmund R. Thiele M.D.				23b. ADDRESS		23c. DATE SIGNED 7/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/24/50		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co.	
DATE REC'D BY LOCAL REG. 7-22-50		REGISTRAR'S SIGNATURE (Signature)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home 8319 Hallsferry			

(Licensed Embalmer's Signature on Reverse Side)

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

"Natural Causes" was verdict of
Coroner's jury.
per

MS
JAN 14 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.