

FILED FEB 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2260

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6051 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES RURAL		c. LENGTH OF STAY (in this place) 3 YRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME		d. STREET ADDRESS (If rural, give location) 6957 NORMANDALE	
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) CHRISTINA c. (Last) CASTANIE			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 19, 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOVEMBER 10, 1873
9. AGE (in years last birthday) 77		IF UNDER 1 YEAR Months 2 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI
			12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME PETER ROSENER	13b. MOTHER'S MAIDEN NAME CHRISTINA HAUCH	14. NAME OF HUSBAND OR WIFE BERTRAN LEO CASTANIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or date of service) NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Storken, ST. CHARLES, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days 492X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis (10 yrs)			

19a. DATE OF OPERATION Jan 19 1951	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) St. Charles Mo. St. Louis County Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 7th, 1951**, to **Jan 19th, 1951**, that I last saw the deceased alive on **Jan 18, 1951**, and that death occurred at **3 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. P. Erich Schulz, M.D.	23b. ADDRESS St. Charles Mo.	23c. DATE SIGNED 1/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify) 11	24b. DATE Jan-22-51	24c. NAME OF CEMETERY OR CREMATORY Bethany
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. Jan 20-51	REGISTRAR'S SIGNATURE Fannie Hueston	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann, Harrah, 1905 Union

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

920
5

1240

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB - 5 1951

RECEIVED

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 Albert R. Thompson Jr.

Licensed Embalmer No. 42137

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.