

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11028**

FILED APR 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **779**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>KINBOCH MO</b>	c. LENGTH OF STAY (in this place) <b>9</b>	c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>KINBOCH, MO. 4091</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1020 Boyd St.</b>		d. STREET ADDRESS (If rural, give location) <b>King &amp; Richard</b>	

3. NAME OF DECEASED a. (First) <b>ROSA</b>		b. (Middle)		c. (Last) <b>ROSA.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3, 25, 51.</b>	
5. SEX: <b>FEMALE</b>	6. COLOR OR RACE: <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>AUG, 1872</b>		9. AGE (in years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>ST. JOSEPH</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Register</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Henry</b>		14. NAME OF HUSBAND OR WIFE <b>Widow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rev. O.D. Morrison, Holy Angel Ch.</b>	
				ADDRESS <b>Holy Angel Ch.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cause unknown</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>795.5</b>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert K. Louke</b> (Degree or title) Local Registrar, Vital Statistics		23b. ADDRESS <b>651 Brentwood Clayton Mo.</b>		23c. DATE SIGNED <b>3-26-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/27/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>	
		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>			

DATE REC'D BY LOCAL REG. <b>3/26/51</b>		REGISTRAR'S SIGNATURE <b>Herbert K. Louke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dozier, FUN. HOME</b>	
				ADDRESS <b>KINBOCH, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
3

---

---

**STATEMENT BY LICENSED EMBALMER**

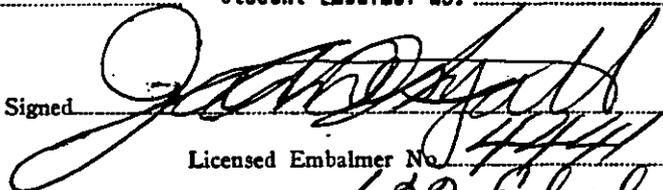
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4444

P. O. Address 622 Edsel

**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.