

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **3900 Hartford Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **3900 Hartford Ave.**

3. NAME OF DECEASED
a. (First) **Ruth** b. (Middle) _____ c. (Last) **Rosenow**
4. DATE OF DEATH **March 28, 1952**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Divorced**
8. DATE OF BIRTH **July 4, 1905** 9. AGE (In years last birthday) **46** 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Supervisor** **10b. KIND OF BUSINESS OR INDUSTRY** **Bell Telephone Co. St. Louis, Missouri** **11. BIRTHPLACE** (State or foreign country) _____ **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **John Boyle** **13b. MOTHER'S MAIDEN NAME** **Caroline Willimann** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** **16. SOCIAL SECURITY NO.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Erwin Rosenow, 4130 Rosa Ave.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **External Hemorrhage following numerous lacerations of skin legs + neck, self inflicted with razor blades in the bathroom due to her louse on Mar 28 1952, exact time unknown.**
II. OTHER SIGNIFICANT CONDITIONS **1952, exact time unknown.**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **Suicide while suffering from temporary mental aberration** **19c. INTERVAL BETWEEN ONSET AND DEATH** _____

20. ACCIDENT (Specify) **Suicide** **21a. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** **21b. CITY, TOWN, OR TOWNSHIP** (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Mar 28 52 ? m.** **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **6977X**

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 (Degree or title) **Patricia Taylor Currier** **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **3.31.52.**

24a. BURIAL, CREMATION REMOVAL (Specify) **24b. DATE** **3/31/52** **24c. NAME OF CEMETERY OR CREMATORY** **Valhalla Crematory** **24d. LOCATION** (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REG. **MAR 31 1952** **REGISTRAR'S SIGNATURE** **PROVOST UND. CO., 3710 N. Grand Blvd** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**

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

Gustav W. Dittala

Licensed Embalmer No. *4329*

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.