

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26276**

FILED JUL 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5547**

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

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8983a Newby		d. STREET ADDRESS (If rural, give location) R. R. #10	
3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) Katherine c. (Last) Rosenkoetter			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1952.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH March 27, 1880
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Black Jack, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Kline		13b. MOTHER'S MAIDEN NAME Caroline Ringshauser	
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.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. INFORMANT'S SIGNATURE OR NAME Gustav Rosenkoetter, R. Route #10	
<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach	
		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 1949 , 19____, to June 11, 1952 , that I last saw the deceased alive on June 10, 1952 and that death occurred at 2:00 P.m. , from the causes and on the date stated above.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23a. SIGNATURE (Degree or title) John P. Morris M.D. & Co. P.		23b. ADDRESS Black Jack, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. DATE SIGNED June 13-52	
24b. DATE 6-11-1952		24c. NAME OF CEMETERY OR CREMATORY Salem Black Jack Cemetery	
24d. LOCATION (City, town, or county) (State) Black Jack, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc.	
DATE REC'D BY SOCIAL REG. JUN 16 1952		ADDRESS 2161 East Fair Ave.	

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 _____

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working under my personal supervision.

Student
Student Embalmer

Signed *Allen W. Katz*
Student Embalmer No.

Licensed Embalmer No. *3737*

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.