

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26582

State File No. \_\_\_\_\_

FILED AUG 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2006

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	c. LENGTH OF STAY (In this place township) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u> <u>4151</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. at St. Louis Co. Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>3811 Colonial Dr.,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEO</u>	b. (Middle) <u>A.</u>	c. (Last) <u>ROSE.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1952</u>
-------------------------------------	--------------------------	--------------------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED/ (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 26, 1897.</u>	9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.
-----------------------	----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus chauffeur for</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Normandy High school</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	---	---

13a. FATHER'S NAME <u>? Rose</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Femman</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Rose</u>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1</u>	16. SOCIAL SECURITY NO. <u>493-36-1676</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Rose, 3811 Colonial Lane</u>
---	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>7955</u> 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	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) (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 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert R. Donke, M.D. Registrar</u>	23b. ADDRESS <u>651 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>30 Jul 52</u>
---	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-28-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.,</u>
--	--	---

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

*John J. Harris*

Licensed Embalmer No. *4108*

P. O. Address *Harris 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.