

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3222

State File No.

FILED FEB 2 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0761

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN Carlinville
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Carlinville		8 12 8	
3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Wayne c. (Last) Rosentreter		4. DATE OF DEATH (Month) (Day) (Year) Jan 22 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 18 1929
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work performed during most of working life, even if retired) Beverage Company Employee		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Paul W Rosentrater		13b. MOTHER'S MAIDEN NAME Rose Leritz	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Stanley Hacke ADDRESS Carlinville	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Brain (malignant) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 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 1/21/54		19b. MAJOR FINDINGS OF OPERATION Same	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 193X		22. I hereby certify that I attended the deceased from 1/15/54 , 19___, to 1/22/54 , 19___, that I last saw the deceased alive on 1/22/54 and that death occurred at ___ m., from the causes and on the date stated above.	
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 4952 Maryland Avenue	
23c. DATE SIGNED 1/25/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Jan 22 54		24c. NAME OF CEMETERY OR CREMATORY New Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Carlinville, Ill.		DATE REC'D BY LOCAL REG. JAN 25 1954	
REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Ferketich ADDRESS 303 N. Broad St	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Carlinville, Ill.	

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Anthony J. Muehl
Licensed Embalmer No. 42

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.