No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10389

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2338

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (In this place) 24
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3170 - OREGON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY 2247 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 3170 - OREGON

3. NAME OF DECEASED (Type or Print)
a. (First) MARTIN
b. (Middle) A.
c. (Last) ROSENAUER

4. DATE OF DEATH (Month) (Day) (Year) MAR. 12 1954

5. SEX Male

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH OCT. 21 1888

9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN

10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE

11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME MARTIN ROSENAUER

13b. MOTHER'S MAIDEN NAME JOHANA BRYCH

14. NAME OF ~~HUSBAND~~ OR WIFE ANTOINETTE ROSENAUER

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 ANTOINETTE ROSENAUER
ADDRESS 3170 - OREGON

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca Head Pancreas
DUE TO (c) Metastasis to liver

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 157 X

22. *I hereby certify that I attended the deceased from* Sept, 1953, *to* Mar 12, 1954, *that I last saw the deceased alive on* Mar 11, 1954 *and that death occurred at* 9:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree, M.D.) Joseph E. Carney MD

23b. ADDRESS 906 Olive

23c. DATE SIGNED 3-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE MAR. 15 1954

24c. NAME OF CEMETERY OR CREMATORY RESURRECTION

24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo.

DATE REC'D BY LOCAL REG. MAR 13 1954

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis

ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

8 to 12 00 a.m. Sat.
Frisco Bldg
9th & Olive
Gen 0198
8th fl room 525
Knock on door

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 Homer C Dell

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.