

FILED JUL 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 24905

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 1519
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville		
c. LENGTH OF STAY (In this place) 1 1/2 years		d. STREET ADDRESS (If rural, give location) Sunset Sanitarium		
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) ROSENKRANZ		c. (Last) ROSENKRANZ
4. DATE OF DEATH (Month) (Day) (Year) July 2, 1955		5. SEX female		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Widowed		8. DATE OF BIRTH April 13, 1877
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and State or Foreign Country) Mascoutah, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME - UNK - Stecher		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Herman J. Rosenkranz (Deceased)		
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie Flagg, 723 Valley Drive
18. CAUSE OF DEATH 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) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE		
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE NONE		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)		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 JUNE 1, 1954, to JULY 2, 1955, that I last saw the deceased alive on JULY 1, 1955, and that death occurred at 8:50 A.M., from the causes and on the date stated above.				
23a. SIGNATURE B.R. Loving, M.D.		23b. ADDRESS BALLWIN, MO.		23c. DATE SIGNED 7-2-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. 7/5/55		REGISTRAR'S SIGNATURE Herbert P. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Av

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 Harold W. Bernsley
Licensed Embalmer No. 4298

P. O. Address Shore Md

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.