

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41906

10918

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
I. PLACE OF DEATH a. COUNTY <b>SI</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Jennings</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>752 W. Florissant</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>M.</b> c. (Last) <b>Chall</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 10 1955</b>						
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10-27-1891</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>			
13a. FATHER'S NAME <b>Mike Gronck</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Tierjok</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Audry Chall - 752 W. Florissant</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Myeloma</b>									
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) _____					
				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 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) <b>2034</b>					
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 <b>7-28-1955</b> , to <b>12-11-1955</b> , that I last saw the deceased alive on <b>12-8-1955</b> , and that death occurred at <b>11:30 P.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>Carl M. Smith</b>				23b. ADDRESS <b>1818 Kings Highway</b>		23c. DATE SIGNED <b>12-12-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-14-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>			
DATE REC'D BY LOCAL REG. <b>DEC-13 1955</b>		REGISTRAR'S SIGNATURE <b>Carl M. Smith Mo</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edw Kocht-Sow - 3516 E. 14th</b>				

(Licensed Embalmer's Statement on Reverse Side)

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..... Signature of Student Embalmer

Signed *Bill C. Branson*.....

Licensed Embalmer No. *7*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.