THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43781

FILED DEC 18 1956 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10805

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hosp. — Length of stay in 1b: 2 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5225 Quincy — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Last: Rossfeld
4. DATE OF DEATH (Month, Day, Year): Nov.25,1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept.25,1875
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 2 Days 0 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Representative
10b. KIND OF BUSINESS OR INDUSTRY: Brewers & Oilers Union
11. BIRTHPLACE (City and state or country): St. Louis,Mo.
12. CITIZEN OF WHAT COUNTRY? u.s.a.
13. FATHER'S NAME: Bernard Rossfeld
14. MOTHER'S MAIDEN NAME: Lena Falenstein
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-01-4441
17. INFORMANT: Barth Rossfeld Address: 5225 Quincy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uraemia - Cystitis - Lithiasis — 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerosis - Hypertension — 14 yr.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 604.X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/28/56, to 11/25/56 and last saw her/him alive on
Death occurred at 6.05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Wagenbach M.D. (Degree or title)
22b. ADDRESS: 4717 Morganford
22c. DATE SIGNED: 11/26/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov.28,1956
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis,County,Mo.

24. FUNERAL DIRECTOR: Wm. Schumacher ADDRESS: 3013 Meramec St.
25. DATE RECD. BY LOCAL REG.: NOV 26 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Hu. 1-1535

4717 Morganford

Dr Wagenbach

3:30 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W Gutte

Licensed Embalmer No. 4

P. O. Address St. Lou

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