

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042171

STATE FILE NUMBER

FILED DEC 5 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11111

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FLORISSANT 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 07 CHRISTIAN		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 27 R.R.#2, Box 402
3. NAME OF DECEASED (Type or print) First Middle Last WALTER EDWARD ROSENKOETTER		4. DATE OF DEATH Month Day Year Nov. 16, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 23, 1899
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		9b. KIND OF BUSINESS OR INDUSTRY FARMING	9c. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	10c. AGE (In years last birthday) 59
11. BIRTHPLACE (City and state or country) ST. LOUIS CO., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY ROSENKOETTER		13b. MOTHER'S MAIDEN NAME AUGUSTA POGGEMOELLER	
14. NAME OF HUSBAND OR WIFE ELLA ROSENKOETTER.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. 493-42-9295	
17. INFORMANT Mrs. ELLA ROSENKOETTER, Florissant, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary Arteriosclerosis DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 11/19/58			INTERVAL BETWEEN ONSET AND DEATH 4 hours 2 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at 51st 1956 to Present and last saw her alive on July 12, 1958 in on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE W.D. Bishop (Degree or title)		22b. ADDRESS 751 St Francis Florissant, Mo	
22c. DATE SIGNED 17 Nov 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY SALGM EV. LUTHERAN	23d. LOCATION (City, town, or county) (State) BLACKJACK, Mo.
24. FUNERAL DIRECTOR THE FLORISSANT MORTUARY, ADDRESS FLORISSANT, MO.		25. DATE RECD. BY LOCAL REG. NOV. 18 '58	26. REGISTRAR'S SIGNATURE Carl Smith MO

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gene A. Withers*

Licensed Embalmer No. *4966*

P. O. Address *Flourmont,*

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.