

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046824

STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3438

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic		d. STREET ADDRESS (If outside, give location) 558 Baden Ave.	
Length of stay in lb 20 da		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First NORMAN Middle ALFRED Last ROSENKOETTER			4. DATE OF DEATH December 28th, 1958 Month Day Year		
--	--	--	---	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 16th, 1912	9. AGE (In years at birthday) 46	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) laborer	10b. KIND OF BUSINESS OR INDUSTRY chemical	11. BIRTHPLACE (City and state or country) t. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME George Rosenkoetter	13b. MOTHER'S MAIDEN NAME Ella Trampe	14. NAME OF HUSBAND OR WIFE Hazel Rosenkoetter
--	---	--

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. 488-03-8912	17. INFORMANT Address Hazel Rosenkoetter, 558 Baden Ave
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal failure - Post Surgical Shock		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Vascular - Renal disease	5 yrs.
	DUE TO (c) Primary Ca of Rectum (Adeno-ca) - Metastasis to Brain Bl.	1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Amputations - Lateral (Multiple) Sclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 154x
---	---

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 1949 to 12/28/58 and last saw her alive on 12/28/58 Death occurred at 11:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) Julian Stuey D.D.	22b. ADDRESS 8321 No Broadway St. Louis 15, Mo.	22c. DATE SIGNED 12/29/58
--	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/2/59	23c. NAME OF CEMETERY OR CREMATORY Salem Ev. Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
--	----------------------------	--	--

24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Halls Ferry	25. DATE RECD. BY LOCAL REG. 12-31-58	26. REGISTRAR'S SIGNATURE Herbert R. ...
--	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis*

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.

1/2/22