

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2815

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
City Sambaramm

File No.
Registered No. 395 (Ward)

2. FULL NAME

Rose Wellbroth

(a) Residence No. 2003 N. 13th St. 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	68	2	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Oren
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Dr. Joseph A. Scopelito
(Address) St. Louis City Sautain

15. FILED 12 19 28 Max C. Starckoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 19 28

17. I HEREBY CERTIFY That I attended deceased from Dec 18, 1925, to Jan 10, 1928, that I last saw h. er alive on Jan 10, 1928, and that death occurred, on the date stated above, at 2:20 A. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
85

CONTRIBUTORY (SECONDARY) Epilepsy
(duration) 2 yrs. 24 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Joseph A. Scopelito, M. D.

(Address) St. Louis City Sautain

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus. DATE OF BURIAL Jan 12 19 28

20. UNDERTAKER By Leidner Und Co St. Market
ADDRESS 1417

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

