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

Do not use this space.

22635

File No. 6866

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 003

City St. Louis Mo. (No. 3343 2 So. Jefferson St. Ward)

2. FULL NAME Josephine Rock

(a) Residence. No. 3343 2 So. Jefferson St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	7	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Hungaria

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Rock
(Address) 3343 2 So. Jefferson

15. JUL -2 1928 FILED, 19 Mary E. Stahlhut REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1928.

17. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1928 to June 29, 1928 that I last saw him alive on June 29, 1928, and that death occurred, on the date stated above, at 11:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92H
51H Mitral Regurgitation

Chronic (duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (SECONDARY) Rheumatism (Inflamatory)

(duration) 1 yrs. 6 mos. — ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

6/29, 1928 (Signed) Henry W. Schulz, M. D
(Address) 12603 Cherokee St.

*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 Calvary Cem. DATE OF BURIAL 7-2 1928

20. UNDERTAKER Ziegenheim Bros. ADDRESS 6 Cherokee

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.