

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

Do not use this space.

33694

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Four Enumeration District No. 700  
 City St. Louis (Name) St. Mary's Hospital

File No. \_\_\_\_\_  
 Registered No. 1584  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1016 Adelme St. Ward. \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) mar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 | 10 | 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Lawrence Rose

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

12. MAIDEN NAME OF MOTHER Mary P. Gault

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

14. INFORMANT Geo. M. Wallace  
 (Address) 1016 Adelme

15. FILED 10/17/38 M. M. Brown  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1938

17. I HEREBY CERTIFY That I attended deceased from Oct 13, 1938, to Oct 17, 1938 that I last saw him alive on Oct 17, 1938, and that death occurred, on the date stated above, at 3:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral hemorrhage  
131  
17 17

CONTRIBUTORY (SECONDARY) Chronic nephritis  
 (duration) yrs. 6 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED 129 a  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) W. D. Jones, M.D.  
Oct 17, 1938 (Address) 1019 Ogden

\*State the DISEASE CAUSING DEATH, or an 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 St. Mary's Cem DATE OF BURIAL 10/19/38

20. UNDERTAKER J. F. Dowdell Co. ADDRESS 3742 Main

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

W. A. B. Jones  
10/12/1944  
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