

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

Do not use this space.

22755

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **8520**) **So. Broadway** St. Ward)

File No.
 Registered No. **6164**
 St. Ward)

2. FULL NAME

Ella Rosenbauer
 (a) Residence. No. **8520 S. Broadway** St. **1** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Rosenbauer		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27, 1883		
7. AGE	YEARS	MONTHS
	45	7
		15
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 6** 19**29**

17. I HEREBY CERTIFY, That I attended deceased from **April 22**, 19**29**, to **June 6**, 19**29**, that I last saw him alive on **June 6**, 19**29**, and that death occurred, on the date stated above, at **6:45 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis

CONTRIBUTORY (SECONDARY)
SI (duration) **1** yrs. mos. da.

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **E. M. M. M.**, M. D.
6/7, 19**29** (Address) **6829 Va**

*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.

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Rudolph Bannecker**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Louise Bean**

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

14. INFORMANT **Edward Rosenbauer**
 (Address) **8520 S. Broadway**

15. FILED **7** 19**29** **May C. Stark**
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mt. Hope Cemetery** DATE OF BURIAL **6/8** 19**29**

20. UNDERTAKER **C. Hoffmeister & Co.** ADDRESS **7842 Broadway**

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.

1911
6829 Virginia