

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

Do not use this space.

6518

**1. PLACE OF DEATH**

County..... Registration District No. 201  
Township..... Primary Registration District No. 100  
City St. Louis (No. St. Louis Babst Hospital)

File No. ....  
Registered No. 1234  
St. .... Ward)

**2. FULL NAME** Wm. J. Roseman

(a) Residence. No. 7450 Williams Ave. St. 21 Ward. St. Louis Co. Mo  
(Usual place of abode) (If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 - 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>31</u>	<u>7</u>	<u>11</u>	

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

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

**PARENTS**  
10. NAME OF FATHER Wm. Roseman  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
12. MAIDEN NAME OF MOTHER Emma Tackenberg  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Wm. Roseman  
(Address) 7450 Williams Ave.

15. FILED FEB 10 1931 Max C. Starkey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1930, to Feb 4, 1930, that I last saw him alive on Feb 4, 1930, and that death occurred, on the date stated above, at 3-45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

(30 Acute Cordiac dilatation)  
95 R  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral tumor  
Malignant (duration) 2 yrs. mos. ds.

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

18. DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? (no test)  
(Signed) James A. Mendonca, M. D.  
. 19 (Address) 634 North Grand Blvd

\*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 Chester Ill. DATE OF BURIAL Feb 6 1930

20. UNDERTAKER H. Rindskopf ADDRESS 5216 Belmar

APPLIED. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important.

32

1894

*J. D. Anderson*