

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

Do not use this space.

17764

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo.* (No. *City Hosp. #*)

File No. **17764**
Registered No. **4860**
St. Ward)

2. FULL NAME *Reinhold M. Rosner*

(a) Residence. No. *2526 Hebert St.* St. *20* 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 16* 19 *30*

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

17. *No Physician in attendance.*
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... *1:35 PM* m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 8th - 1878*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>51</i>	<i>6</i>	<i>8</i>	

Gunshot Wound of Head self-inflicted at residence
167 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Night Watchman*

(b) General nature of industry, business, or establishment in which employed (or employer) *Method Jaccard Co. Jewelry Co.*

(c) Name of employer

CONTRIBUTORY (SECONDARY) *Suicide* (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER *John Rosner*

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

8 WAS THERE AN AUTOPSY? *No*

12. MAIDEN NAME OF MOTHER *Don't know*

WHAT TEST CONFIRMED DIAGNOSIS.....

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

(Signed) *J. W. Rosner* M.D.

14. INFORMANT *Selma Rosner*

(Address) *2526 Hebert St.*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Valhalla Crematory May 19 19 30

15. FILED *MAY 19 1933* *Max C. Stark* REGISTRAR

20. UNDERTAKER ADDRESS *1417 N. Market St.*

Ky Leidner Und Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

