

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

Do not use this space.

20815  
~~20013~~

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Jewish Hosp**)

File No. ....  
Registered No. **5613**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **5360 Pershing** St. **5** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 28, 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**35**      **4**      **10**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Salesman**  
(b) General nature of industry, business, or establishment in which employed (or employer). **Pianos**  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **St. Louis**

10. NAME OF FATHER **Sam Rowe**

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

12. MAIDEN NAME OF MOTHER **Julia Abernethy**

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

**14.**

INFORMANT **Dr. Chas. S. Rowe**  
(Address) **634 N. Grand**

**15.**

FILED **JUN 10 1930** REGISTRAR **W. C. H. H. H.**

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6/8** 19 **30**

17. I HEREBY CERTIFY, That I attended deceased from **5/28/30** to **6/8**, 19 **30**, and that I last saw him alive on **6/8**, 19 **30**, and that death occurred, on the date stated above, at **7:15 P. M.**

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

**Dysphered Fever**

**123 A. M.** (duration) yrs. mos. **13** ds.

CONTRIBUTORY (SECONDARY) **Gen. enlarged peritonitis** (duration) yrs. mos. **2** ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH..... **Unknown**

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **6/7/30**

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Blood Culture**  
(Signed) **E. Ligoletto**, M. D.

**6/8** 19 **30** (Address) **7116 No. Bldg.**

\*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**

DATE OF BURIAL

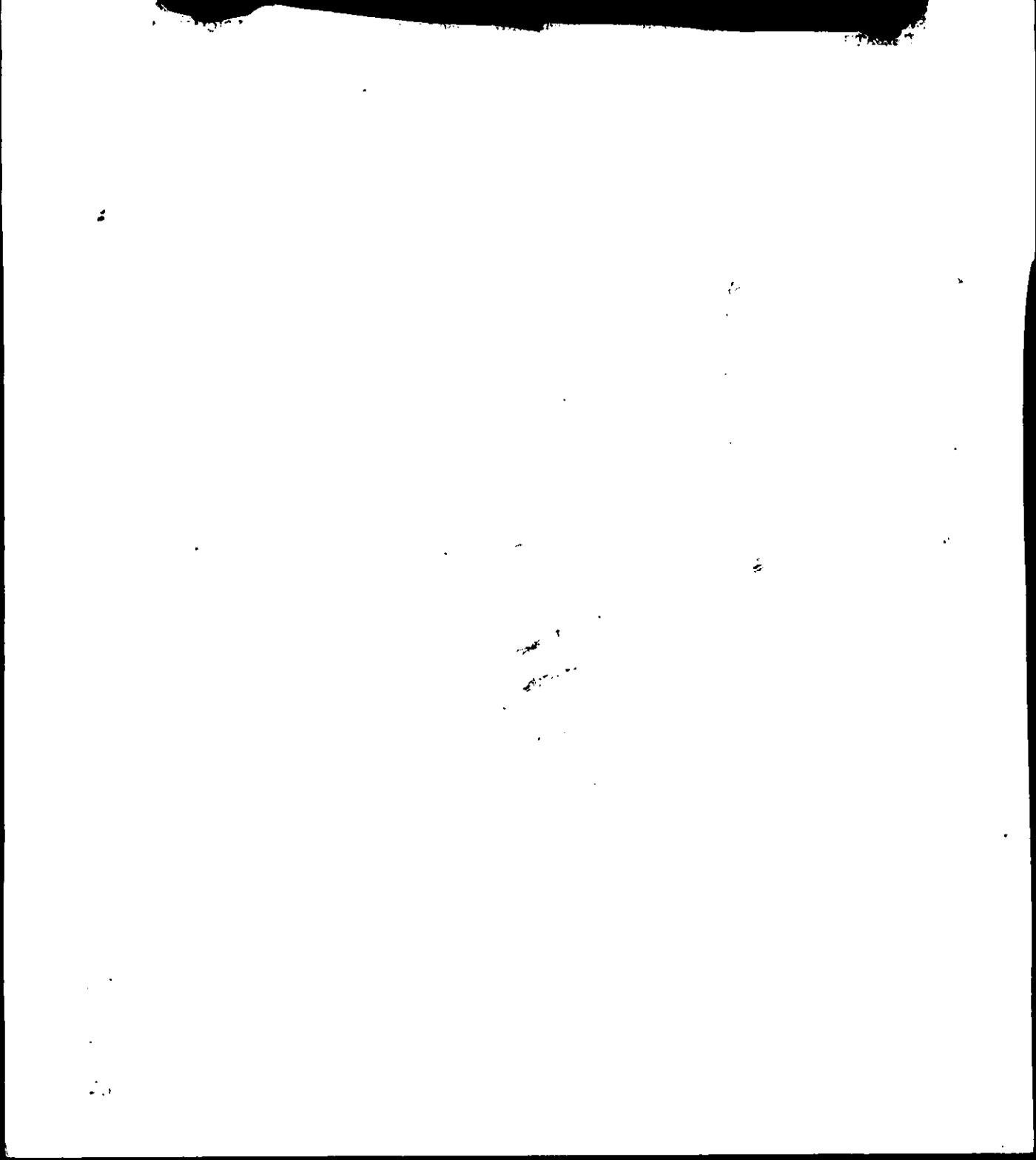
**Grain Moon** **6/10** 19 **30**

**20. UNDERTAKER**

ADDRESS

**H. B. Berger** **475 McChesman**

N. B.—Exact statement of OCCUPATION is very important. Exact statement of CAUSE OF DEATH is also very important. Exact statement of CAUSE OF DEATH is also very important.



cated by check marks, lacking from the death certificate:

Name: \_\_\_\_\_

*David M. Rorel*

Who died at: \_\_\_\_\_

*St. Louis, Mo.* on *June 8, 1930*

Residence: No. \_\_\_\_\_

St. \_\_\_\_\_

(If nonresident, city or town)

Length of residence in city or town where death occurred: \_\_\_\_\_

Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

Sex: \_\_\_\_\_

Color or race: \_\_\_\_\_

Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_

(b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

*Typhoid Fever*

Contributory: \_\_\_\_\_

*Generalized Peritonitis*

*Operation for Perforated Intestines due to Typhoid Fever*

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_

*yes*

Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

very poor

5-208/5