

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

Do not use this space.

**33717**

**1. PLACE OF DEATH**

County..... Registration District No. 101  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Mary Infirmary) St. 9011 Ward

**2. FULL NAME**

Alena Rosewell  
 (a) Residence, No. 2912 Arsenal St., 24 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Walter Rosewell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1902  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 1 29  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife from 2:05  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME Jacob Roelzer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Rose Durney  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Josephine Tucker (ADDRESS) 2912 Arsenal St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE Oct. 11 1932  
 19. UNDERTAKER Thos. Rutes (ADDRESS) 2906 Brown ave  
 20. FILED OCT 10 1932 Walter Stankloff Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932 to Oct 10, 1932  
 I last saw her alive on Oct 10, 1932. Death is said to have occurred on the date stated above, at 2:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Partial intestinal obstruction due to adhesion former Operation for Salpingitis  
in gonococcus  
 Date of onset 35  
 Other contributory causes of importance:  
Biphasial pneumonia  
Acute Myocarditis  
 Name of operation adhesiolysis Date of 9-24-32  
 What test confirmed diagnosis? Yes Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) R. H. Stankloff M. D.  
 (Address) 1536 W. Papin

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.

