

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

Do not use this space.

41465

1. PLACE OF DEATH

96 County St. Louis
Township Central
City St. John Station (No. Boswell Ave.)

Registration District No. 789
Primary Registration District No. 6033B

File No. _____
Registered No. 368
St. _____ Ward _____

2. FULL NAME

Rochey Sassenrath

(a) Residence, No. R.F. #7, Greystone 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 OF (OR) WIFE OF Clifford Sassenrath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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

FATHER 13. NAME Arthur McMahon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Hennessey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Clifford Sassenrath
R.F. #7, Greystone

18. BURIAL, CREMATION, OR REMOVAL PLACE Calorissant, Mo. DATE Dec. 24, 1932

19. UNDERTAKER (ADDRESS) Gas. W. Clark
1125 Woodruff Ave.

20. FILED 12/23 1932 Dec. 24, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1929 to Dec. 8, 1932
I last saw h. alive on Dec. 8, 1932 Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Chronic

Other contributory causes of importance: 23

Name of operation _____ Date of operation _____
What test confirmed diagnosis? Clinical Was there an autopsy? 20

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? No.
If so, specify _____

(Signed) Harold Sullivan M. D.
(Address) 997 Arcade Bldg St. Louis

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.

JAN 5 1933

FROM RESERVED FOR BINDING

Dr. V. B. Williams
1022 Annapolis 1315
12-1-1916
3.5 1/2
Ch. 9761.