

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

Do not use this space.

41818

1. PLACE OF DEATH

County..... Registration District No. *7991*
Township *St. Louis* Primary Registration District No. *1000*
City *St. Louis* (No. *4346*, *Washington Ave* St. Ward)

File No.
Registered No. **10906**

2. FULL NAME

Edward Stevens Rockwood
(a) Residence, No. *4346 Washington St.* *19* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Susie Rockwood</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 16, 1863</i>		
7. AGE	YEARS <i>68</i>	MONTHS <i>2</i>
	DAYS <i>21</i>	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Rate clerk</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>M. & J. R. R.</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Nov. 1, 1930</i>	11. Total time (years) spent in this occupation <i>10 1/2</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mass. 2</i>		
MOTHER	13. NAME <i>Unknown Rockwood</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mass.</i>	
	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mass.</i>	
17. INFORMANT (ADDRESS) <i>Susie Rockwood 4346 Washington</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Dak Grove Cem.</i> DATE <i>Dec. 9, 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Drehmann Funeral 1805 Union Blvd</i>		
20. FILED DEC -9 1932 <i>W. C. Standley Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 7, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1927*, to *Dec 6, 1932*

I last saw him alive on *Dec 1, 1932* Death is said to have occurred on the date stated above, at *4 P. m.*

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

Date of onset *1926*

Myocarditis, chronic

Other contributory causes of importance:
9327 B

Name of operation *None* Date of *None*

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

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 *None*

Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Bookkeeper*

(Signed) *W. C. Standley* M. D.
(Address) *402 Cedar Pkwy*

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.

1215 - 3