

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

Do not use this space.

791
1003

7858

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis, Mo. (No. 3446², Shenandoah St. Ward) (If nonresident, give city or town and State)

File No.....

Registered No. 1829

2. FULL NAME

(a) Residence, No. 3446², Shenandoah St., 17 Ward.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Rossfeld</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 19, 1866</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>2</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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) <u>St. Charles Missouri</u>		
13. NAME <u>Friedrich Horst</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Caroline Meyer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Emma Rossfeld</u> <u>3446² Shenandoah</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Feb 24 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. Weick Bros</u> <u>2201 Grand</u>		
20. FILED <u>Feb 23 1933</u> 19. <u>W. C. Staver</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21st 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 18th 1933 to Feb 21st 1933

I last saw him alive on Feb 21st 1933 Death is said to have occurred on the date stated above, at 8:40 P.M.

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

Valvular Disease Date of onset 1932

131 West 12th

92 St

Other contributory causes of importance:

Nephritis chronic

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury.....

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) Donald P. [Signature] M.D.

(Address) 3109 N. Grand St.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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W. C. Staver

