NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

39206

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10238

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

City St. Louis (No. 3403 Wyoming St St. ..... Ward)

2. FULL NAME Birdie Rosche

(a) Residence, No. 3403 Wyoming St St., 16 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 22 1875

7. AGE: YEARS 61 MONTHS 10 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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): St. Louis Mo

FATHER
13. NAME: William Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Louise Siclsemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Stella Rosche 3403 Wyoming St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Petrs Cem. DATE Oct 12th 1936

19. UNDERTAKER (ADDRESS): Thos Kutis 3403 Gravois Ave

20. FILED OCT 10 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1936, to Oct 9th, 1936
I last saw her alive on Oct 8th, 1936 Death is said to have occurred on the date stated above, at 9.25 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus and breast
primary seat of cancer unknown

Date of onset

48

Other contributory causes of importance:
none

Was operated at City hospital
Name of operation removal of breast Date of 8-10-36
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 ....., 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? Nil
If so, specify .....
(Signed) F. O. Sturbahn, M. D.
(Address) 5431 Cabanne ave.

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.

10BM-3-28-35

Dr Strehlen
5431 Cabany
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