

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County ~~Webster~~ *St. Louis* Registration District No. *788*
Township *Jeff* Primary Registration District No. *4471*
City *Wentz Woods* (No. *26 Old Westbury Lane*) St. _____ Ward _____

13394

File No. _____

Registered No. *32*2. FULL NAME *Philomena Roland*

(a) Residence, No. *4117a So. Grand* St. _____ 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~REASON OF~~
(OR) WIFE OF *?*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 19, 1852*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 - 7

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

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.*

13. NAME *Jacob Brounstein*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT *James A. Roland*
(ADDRESS) *26 Old Westbury Lane*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Peters* DATE *March 1, 1937*

19. UNDERTAKER *Wacker-Helderle U. & L. Co*
(ADDRESS) *2351 So. Broadway*

20. FILED *FEB 28 1937* *Jules R. York*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 26, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 2nd 1935* to *Feb 26th 1937*

I last saw her alive on *Feb 26th 1937* Death is said

to have occurred on the date stated above, at *6A* a.m.

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

arterio sclerosis 10yrs.
Chc. Interstitial nephritis 6yrs.
Chc. Myocarditis 5yrs.

Other contributory causes of importance:

Acute Cholelithiasis 4 days.

Name of operation *None* Date of _____

What test confirmed diagnosis? *Physical* 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 _____

Nature of injury _____

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

If so, specify _____

(Signed) *A. H. Stein* M. D.

(Address) *3606 Graves - St. L.*

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.

