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.

REC'D AUG 9 1938

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

Do not use this space.

25684

1. PLACE OF DEATH
County: Jefferson
Township: Meramec
City: ..... (No. ..... St. ..... Ward)

Registration District No.: 4305
Primary Registration District No.: N S 80

File No. 11
Registered No. 77

2. FULL NAME: Phillip Rosenmeyer

(a) Residence, No. 1049 Allen Ave., St. Louis, Mo. Ward.
(Usual place of abode) St. Joseph's Hill Infirmary, Eureka, Mo (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Clara Busch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 24 Dec 1871

7. AGE: Years 66 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Carpenter
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: Joseph Rosenmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Block
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): St. Joseph's Hill Infirmary, Bro. Bonaventure

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Louis Mo 7/7 38

19. UNDERTAKER (ADDRESS): Geo. Bauer, 3029 Lafayette

20. FILED 7/4 38 Fabrey A. Tonizzaro Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to July 4, 1938
I last saw him alive on July 4, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchio-Pneumonia

Other contributory causes of importance: DTW

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Jesse L. Sargent, M. D.
(Address) Eureka, Mo.