

REC'D MAY 10 1939

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

12955
Do not use this space.

3297

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1008
(c) City..... Saint Louis (d) Street No..... 3020 Rutger Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

260 Tillie Rozier
(a) Residence, No. 3020 Rutger Street St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Rozier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 10 ---

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Natchez
(STATE OR COUNTRY) Mississippi

FATHER 13. NAME Louis Page

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) "

17. INFORMANT Grace Mitchell
(ADDRESS) 3020 Rutger Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE April 11, 1939

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED APR 8 1939 J. D. Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from
Nov 9th 1938, to April 6th, 1939

I last saw her alive on April 6th, 1939 Death is said to have occurred on the date stated above, at 10:10 p. m.

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

Chronic Myo-Carditis Date of onset

Other contributory causes of importance:

Langrenge condition
partially relieved by

Name of operation None Date of

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

Nature of injury

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

If so, specify

(Signed) J. D. Butler, M. D.

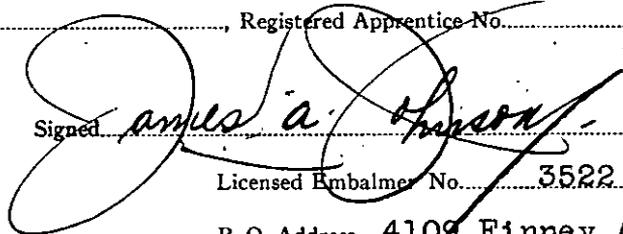
(Address) 925 N. Jefferson Avenue

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4109 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.