

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.

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

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis

Registration District No. 791

File No. 29529

Primary Registration District No. 1003

Registered No. 7248

(NO. Ellen Osborn Hospital St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Rosa Rich

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
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DATE OF BIRTH Jan. 20th 1866
(Month) (Day) (Year)

AGE 45 yrs. 7 mos. 14 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Y. & R.

BIRTHPLACE (City or town, State or foreign country) Austria

PARENTS	NAME OF FATHER <u>Marcus Suchs</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Austria</u>
	MAIDEN NAME OF MOTHER <u>As not known</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Austria</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Terasa Rich
(ADDRESS) 1313 Kentucky Ave.

Filed AUG -2 1911 by May C. Starkloff REGISTERAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 25, 1911, to Aug 3, 1911, that I last saw her alive on Aug 3, 1911, and that death occurred, on the date stated above, at 2.12 p.m.

The CAUSE OF DEATH* was as follows:
122 Peritonitis suppurative of bowels
129 About 15 days.

(Duration) ___ yrs. ___ mos. ___ ds.
Contributory Peritonitis,
(SECONDARY) (Duration) 2 wks. yrs. ___ mos. ___ ds.

(Signed) Julia E. Black M. D.
Aug 4 1911 (Address) 12825 Vandeventer

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. 10 ds. In the 8 yrs. ___ mos. ___ ds. State

Where was disease contracted If not at place of death? 1313 Kentucky
Former or usual residence 1313 Kentucky Ave.

PLACE OF BURIAL OR REMOVAL mt. Olive Hl. DATE OF BURIAL Aug 4 1911

UNDERTAKER Traven-Rindhoff ADDRESS 34 1/2 Locust

