

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. WHILE PAINFULLY WITH UNWADING HAND

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

37204

1 PLACE OF DEATH

County
Township
or
Village
or
City St. Louis

Registration District No. 791

File No.

Primary Registration District No. 1008

Registered No. 10332

(NO. 2739 Rutger St. 15 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Rose Ryan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

6 DATE OF BIRTH Aug 10 1900
(Month) (Day) (Year)

7 AGE 18 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work At Home
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) St. Louis

PARENTS
10 NAME OF FATHER Frank V Scharffenberger
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis
12 MAIDEN NAME OF MOTHER Emma Fischer
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Louis

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lilly Scharffenberger
2739 Rutger
(Address)

15 Filed JUL 27 1918 1918 Marie Starkloff Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 18 1918, to Oct 24 1918, that I last saw her alive on Oct 24 1918, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:
Influenza
14 9 P. (Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Childbirth
(Duration) yrs. mos. ds.
(Signed) W. S. Moore M. D.
Oct 25 1918 (Address) 4053 Laclede

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Matthews DATE OF BURIAL Oct 26 1918

20 UNDERTAKER Smith & Brand ADDRESS 4233 Olive St.

