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

Do not use this space.

3096

1. PLACE OF DEATH
County St Louis — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 690
City St Louis (No. City Hospital St. Ward)

2. FULL NAME Rosie Haines
(a) Residence. No. 9 No. 19 St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

11218

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Haines

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 10 - 1869

7. AGE: Years 57 | Months 2 | Days 9 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bongolia
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Joseph Blumnetz
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Sarah Walkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Illinois

14. INFORMANT: Hospital Information
(Address): E Rosalie City Hospital

15. FILED JAN 20 1927, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1926 to Jan 19, 1927 that I last saw h. alive on Jan 19, 1927, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Carcinomatosis
Organ + Primary seat unknown
SBE (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Reuben M. Smith, M. D
1/19, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oakwood Cemetery Alton Ill. — DATE OF BURIAL: Jan 22 1927

20. UNDERTAKER: John L Streeper — ADDRESS: Alton, Ill.

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.

THIS IS A PERMANENT RECORD

Haines