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

Do not use this space.

6701

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1931

City St Louis Mo. (No. St. Anthonys Hospital St. ..... Ward)

2. FULL NAME Rose Weisbrod

(a) Residence. No. ..... St., 16 Ward. Perryville Mo
(Usual place of abode) (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: 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 Joseph Weisbrod

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	X	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 54B 31
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 95B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Renaud
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Theresa Gebhardt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

14. INFORMANT Joseph Weisbrod
(Address) Perryville Mo

15. FILED FEB 2[illegible] 19[illegible] Mark Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1927, to Feb. 25, 1927 that I last saw her alive on Feb. 25, 1927 and that death occurred, on the date stated above, at 8:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of heart due to Fibroma of Uterus
Non Malignant
Fibroma of Uterus (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Perryville, Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb. 10, 1927
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? physical, clinical & laboratory findings
(Signed) A. L. Hertel, M. D.
2/25, 1927 (Address) 3608 S. Grand Bl.

*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: Perryville, Mo. Via McBride Station. DATE OF BURIAL: 2-27 1927

20. UNDERTAKER: Peetz Bros. 3029 Lafayette ADDRESS