

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

Do not use this space.

10379

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **27034**) **Chouteau av**

File No.....
Registered No. **2972**
St..... Ward.....

2. FULL NAME

Louis Rose

(a) Residence. No. **27034** **Chouteau St** **W 27** Ward.....
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male**
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 **Rosine Rose**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 3-1841**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 | **1** | **17**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Unkerson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Unkerson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Mrs Rosine Rose**
(Address) **27034 Chouteau av**

15. MAR 28 1927
FILED **mar b Starks off**
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **3-27-1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 17**, 19**26**, to **Feb 27**, 19**27**, that I last saw him alive on **Feb 27**, 19**27**, and that death occurred, on the date stated above, at **l.p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis / Aortic
Non Tubercular
Arteriosclerosis (duration) yrs. mos. **3** da.

CONTRIBUTORY (SECONDARY) **hypertension of feet 2 mos.** (duration) yrs. mos. da.

18. WHERE THE DISEASE CONTRACTED **Non Tubercular**

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? **9/13** DATE OF.....
WAS THERE AN AUTOPSY? **9/13**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **B. Chauplin**, M. D.
3/28, 19**27** (Address) **1914 20 Jefferson**

*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 **Valhalla Cemetery** DATE OF BURIAL **Mar 29 1927**

20. URDERTAKER **E. J. Schmur** ADDRESS **3125 Lafayette Av.**

WHITE PAPER, 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.

