

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

Do not use this space.

16191

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis, Mo. (City of Wash. D.C.)

File No.....

Registered No.....

3101

St.....

Ward.....

2. FULL NAME

Rozie Ober

(a) Residence. No.....

(Usual place of abode)

1413 Poplar St. 22 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

15 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Charles Ober

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

abt. 56

4

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

mail

(b) General nature of industry, business, or establishment in which employed (or employer)

2

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

10. NAME OF FATHER

Thomas Ewing

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

14.

INFORMANT (Address)

Anna F. Woodard
City Hospital #2

15.

FILED

19.....

May 6 Starkeoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 24 1927

17.

I HEREBY CERTIFY, That I attended deceased from March 20, 1927 to March 24, 1927, and that I last saw h.e. alive on March 24, 1927, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Solar pneumonia

CONTRIBUTORY (SECONDARY)

Cerebral Hemorrhage & Chronic Nephritis Indefinite ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH

DATE OF.....

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical & Laboratory J. W. ... M. D. City Wash. D.C.

*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

DATE OF BURIAL

St. Louis 30 127

20. UNDERTAKER

ADDRESS

Walter Richter 3500 Patton

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.

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1000

1000
1000