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

Do not use this space.

20178

1. PLACE OF DEATH

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

Township St Louis Mo Primary Registration District No. 1003 Registered No. 5953

City St Louis Mo (No. 1815 N. 18 St. St. ..... Ward)

2. FULL NAME Catherine Rose

(a) Residence. No. 1815 N. 18th St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 21st 1846

7. AGE: Years 80 | Months 6 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): 1310 93 97
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

PARENTS

10. NAME OF FATHER: Wm Brockstermann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Kampelmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Anna M. Rose
(Address) 1815 N. 18th St

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

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to June 27, 1927 that I last saw her alive on 6-27 1927, and that death occurred, on the date stated above, at 7:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency
Chronic Interstitial
Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 a

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J Seibold, M. D
6-28, 1927 (Address) Carleton Bldg

*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: Calvary
DATE OF BURIAL: June 30 1927

20. UNDERTAKER: Aug Brockland L. & U. Co
ADDRESS: 1421 N. 9 St

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.

...IS A PERMANENT RECORD