

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

Do not use this space.

28951

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **2003**
 City..... **St. Louis** (No. **1836** of **13th** St. Ward)

File No.
 Registered No. **8529**

2. FULL NAME

(a) Residence. No. **1836** of **13th** St., **23** 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) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 3, 1927**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 | **9** | **20** | **20**

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

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

PARENTS
 10. NAME OF FATHER **Frank Rosenhoffer**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Hungary**
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Margaret Heggen**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Hungary**
 (STATE OR COUNTRY)

14. INFORMANT **Frank Rosenhoffer**
 (Address) **1836 13th**

15. **SEP 25 1927**
 FILED **25** 1927 **Max C. Stanley**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 23** 19**27**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 18**, 1927, to **Sept 23**, 1927, and that I last saw him alive on **Sept 23**, 1927, and that death occurred, on the date stated above, at **11:40 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
130 **Supertary**
1600
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) **Adrian Beyer**, M. D.
9/24, 1927 (Address) **819 University Club 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 **Sunset Park** DATE OF BURIAL **Sept 26 1927**

20. UNDERTAKER **Thos. Hittus** ADDRESS **2006**
Graves

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.

