

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

Do not use this space.

2391

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Maplewood (No. ....)

Registration District No. 786  
Primary Registration District No. 1469

File No. ....  
Registered No. 13  
St. .... Ward

2. FULL NAME

Erwin Rostetsky  
(a) Residence. No. 2111 Yale Ave. St. .... Ward. ....  
(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. (If nonresident give city or town and State)

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) Oct 14, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 2 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wine worker  
(b) General nature of industry, business, or establishment in which employed (or employer) Ludlow Saylor Co  
(c) Name of employer

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

10. NAME OF FATHER Erwin Rostetsky

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

12. MAIDEN NAME OF MOTHER Rosalie Virgin

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

14. INFORMANT Rosalie V. Rostetsky  
(Address) 2111 Yale Ave

15. FILED 1/13, 1928 Erwin Rostetsky  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 11, 1928, to Jan 11, 1928  
that I last saw him alive on Jan 11, 1928, and that death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
90 B 90 B  
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 90 B 90 B  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED same  
IF NOT AT PLACE OF DEATH, DATE OF NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF NO

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Garnett Jones, M.D.  
(Signed) Garnett Jones, M.D.

1-12, 1928 (Address) 1024 McFarland

\*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 Crematory DATE OF BURIAL Jan 14, 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

FEB 23 1928

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

RECORD

N<sup>o</sup> 11 J Hiland 5462