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

Do not use this space.

3365

1. PLACE OF DEATH

County..... Registration District No. 791 File No. F 993

Township..... Primary Registration District No. 1003 Registered No. F 993

City St Louis Mo (No. 3205 Caroline St. ..... Ward)

2. FULL NAME Rosemond Harig

(a) Residence. No. 3205 Caroline St. 18 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. 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): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	4	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeper

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER Peter Deeremer

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

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT Mrs Nellie Clark
(Address) 3205 Caroline St.

15. FILED JAN 27 1928 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27th 1928

17. I HEREBY CERTIFY, That I attended deceased from October 8th, 1927, to Jan 27th, 1928, that I last saw her alive on Jan 26th, 1928, and that death occurred, on the date stated above, at 10.20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1.31 Nephritis Chronic

..... (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) same

..... (duration) ..... yrs. ..... mos. ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. H. Walker M. D

1/27, 1928 (Address) 3445 Lindell

*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: Menasha Wisconsin

DATE OF BURIAL: Jan 27 1928

20. UNDERTAKER: E. J. Schnur

ADDRESS: 3125 Lafayette Av.

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.

THIS IS A PERMANENT RECORD