

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

Do not use this space.

10880

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 2702

City St. Louis (No. 2326)

Gravois av

St. .... Ward

**2. FULL NAME Rachel E. Rosa**

(a) Residence. No. .... 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. 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) Jan 31 - 1858

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70    1    9

**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia, Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ohio L. Talbot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Novina Christman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia, Mo.  
(STATE OR COUNTRY)

14. INFORMANT Martha Stroup  
(Address) 2326 Gravois av

15. FILED 1029 Mark Starceff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1928, to May 7, 1928 that I last saw him alive on May 7, 1928, and that death occurred, on the date stated above, at 7:45 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary Artery  
10/10  
(duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) Coronary Artery  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 2326 Gravois  
IF NOT AT PLACE OF DEATH:

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Typical judge

(Signed) [Signature], M.D.

3/5, 1928 (Address) 3624 50th

\*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 Peter - Paul Cemetery Mar 10 1928

20. UNDERTAKER ADDRESS

W. S. [Signature] 2630 Gravois 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.

157  
Broussard - Martins St.