JUL 27 1928

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

Do not use this space.

21814

1. PLACE OF DEATH
County St Louis Registration District No. 1170 File No.
Township Richmond Hts Mo Primary Registration District No. 6248 H Registered No. 153
City St. Louis Mo. (No.) St. Marys Hospital St. Ward)

2. FULL NAME Rose M. Schloemann

(a) Residence. No. 6220 Juniata St., Ward. St. Louis Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20-1879.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
48	9	8	

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)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Joseph Wertich
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Louis Mo.
12. MAIDEN NAME OF MOTHER Louise Berg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT John st. Schloemann
(Address) 6220 Juniata St.

15. FILED 6/29, 1928 C L Jansen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28. 1928.

17. I HEREBY CERTIFY, That I attended deceased from 21 June, 1928, to 28 June, 1928, that I last saw h.. alive on June 28, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Surgical Shock
1398
54B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gangrenous Salpingitis & Pelvic Abscess Filoid uterus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1928
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 6/28/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible] M. D
6/28, 1928 (Address) Normandy Clark 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 New Pickens Cem. DATE OF BURIAL July 2 1928.
20. UNDERTAKER Zeigenheim Bros. ADDRESS 2436 Chouteau

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