

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

Do not use this space.

21852

1. PLACE OF DEATH

County.....

Registration District No. 791

1003

Township.....

Primary-Registration District No.

File No.

Registered No.

5970

St.

Ward

2. FULL NAME

(a) Residence, No. 2515 N. Broadway St., 26 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs.

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)

married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 6 1861

7. AGE

67

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Laborer

(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)

Ohio

10. NAME OF FATHER

Philip Rosch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

City Hospital  
City Hospital

15.

UN - 4 1928  
FILED 19

Henry C. Stark  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 2 1928

I HEREBY CERTIFY That I attended deceased from

May 26 1928 to June 2 1928  
that I last saw alive on June 2 1928 and that death occurred on the date stated above, at 11 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Bronchitis (cause unknown)  
non Tubercular

131  
93C  
(duration) yrs. mos. da.

106 # Chronic diffuse nephritis  
CONTRIBUTORY  
(SECONDARY) Chronic myocarditis  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF  
WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry C. Westerman M.D.  
City Hospital

\*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

Friedens  
6-4-1928

20. UNDERTAKER

ADDRESS

Shorkey, 4355 Washington

Rorsch