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

Do not use this space.

File No. 25464
Registered No. 7278

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. Lawrence Lillybridge St. ..... Ward)

2. FULL NAME Charles H. Rosengarten

(a) Residence. No. Lawrence & Salisbury 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 ..... 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)
Male	White	Single

5a. If Married, Widowed, or Divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (Month, day and year) July 14th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (City or town) St. Louis
(State or country) Mo

PARENTS

10. NAME OF FATHER John H. Rosengarten
11. BIRTHPLACE OF FATHER (City or town) .....
(State or country) Germany
12. MAIDEN NAME OF MOTHER Catherine Lohrido
13. BIRTHPLACE OF MOTHER (City or town) .....
(State or country) Germany

14. INFORMANT Geo. H. Rosengarten
(Address) 818 N. 29 St Johns Sta.

15. Filed July 13 1938 Ray C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year) July 11 1938

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h. ..... alive on ..... 19..... and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
G.P. W. M. D.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D. Nitt, M.D.
7/13 1938 (Address) Coroner

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 Peters Cem	July 14 1938
20. UNDERTAKER	**ADDRESS**
Fry Leidner And Co	1417 N. Market

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.