

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo., No. 1906 B, Ohio Ave

File No. **35124**
 Registered No. **10106**
 St. Ward)

2. FULL NAME

Rose Wilson
 (a) Residence. No. 1906 B Ohio St., 173 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James D. Wilson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 48 | | | |
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House-wife
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn.
 10. NAME OF FATHER unknown
 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 James D. Wilson
 (Address) 1906 B Ohio Ave

15. FILED OCT 18 1923 Max C. Staroboff
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-13-1928
 17. I HEREBY CERTIFY That I attended deceased from Sept 20 1928 to Oct 13 1928, and that death occurred, on the date stated above, at 12 a. 1 m.
 that I last saw her alive on Oct 13, 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Mitral Regurgitation
POW (duration) 2 yrs. mos. da.
 CONTRIBUTORY Disipation (Periodic)
 (SECONDARY) (duration) 2 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) Fredrich C. Blatten, M. D.
Oct 13 1928 (Address) 302 So Jefferson
 *State the DISEASE CAUSING DEATH, or in cases of 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
Valhalla Crematory 10-15-1928

20. UNDERTAKER ADDRESS
Petty Bros. 3029 Laf. Ave.

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD WITH 1130 on or 1-8 p.m.

