

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

Do not use this space.

38162

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **3363 So. 2nd - St.**)  
 St. .... Ward .....

File No. ....  
 Registered No. **10728**  
 St. .... Ward .....

**2. FULL NAME**

**Marie Verby**  
 (a) Residence. No. **3363 So. 2nd St.** St. **MU** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 26 - 1894**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**33**      **11**      **5**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **House Wife** <sup>23A</sup>  
 (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) **Missouri**

**10. NAME OF FATHER**

**Ernest Rolfe**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**12. MAIDEN NAME OF MOTHER**

**Pauline Leonard**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Pennsylvania**

**14. INFORMANT**

(Address) **Pauline Lane**  
**3363 So. 2nd St.**

**15. FILED**

**NOV - 2 1928** **Mar C Starbuck** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 1 - 1928**

17. I HEREBY CERTIFY That I attended deceased from **July 20**, 19**28**, to **Nov 1**, 19**28** that I last saw him alive on **Nov 1**, 19**28**, and that death occurred, on the date stated above, at **5:30 a. m.**

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

**Pulmonary Tuberculosis**  
**Glaucoma** (duration) **6** yrs. mos. ds.  
**Chr. Myocarditis** (duration) **6** mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF .....

WAS THERE AN AUTOPSY..... **no**

WHAT TEST CONFIRMED DIAGNOSIS..... **usual**

(Signed)..... **Pauline Leonard**, M. D.

11/1, 1928 (Address) **1112 Bluff 2604 St. Louis**

\*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**

**S. S. Peter & Paul** DATE OF BURIAL **11-3-1928**

**20. UNDERTAKER**

**Ziegenhein Bros. 2623 Cherokee** ADDRESS

WRITE PERMANENTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

