

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

Do not use this space.

12175

1. PLACE OF DEATH

County St. Louis  
Towship Central  
City Central

Registration District No. 789  
Primary Registration District No. 6033 B  
(No. 6311 Audrey Ave)

File No. \_\_\_\_\_  
Registered No. 821  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Rose E. Elsey  
(a) Residence. No. Mineral Point Mo. Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

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 John Elsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 11 15 43

8. OCCUPATION OF DECEASED

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

George E. Kerlich

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER

Catherine E. Heppner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Mr. John Elsey  
(Address) Mineral Point Mo

15.

FILED 3/6 19 29 Polla Bracy M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-6-1929

17. I HEREBY CERTIFY, That I attended deceased from 5 March 19 29, to 5 March 19 29, that I last saw him alive on 5 March 19 29, and that death occurred, on the date stated above, at 2:15 9 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia (Labor)

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy

(Signed) Charles A. Poef, M. D.  
3/6 19 29 (Address) 6123 Easton

\*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

Mineral Point Mo

3-7 19 29

20. UNDERTAKER

ADDRESS

Geo. L. Pleitsch

5966 Easton

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.

1929

2

23

2

2

