

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15896

29 1929

1. PLACE OF DEATH

County St. Louis  
Township GARONDE ST  
City (No. ....) .....

Registration District No. 1123  
Primary Registration District No. 6248 E

File No. ....  
Registered No. 144  
St. .... Ward

2. FULL NAME Rose Brassech

(a) Residence. No. .... St., .... Ward. Belleville 2nd  
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX White  
4. COLOR OR RACE Female  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-16-29 19

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

17. I HEREBY CERTIFY, That I attended deceased from 3-3-29, 19....., to 4-16-29, 19....., that I last saw her alive on 4-16-29, 19....., and that death occurred, on the date stated above, at 3:45 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1908

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 8 23

Chr. Pul. Tuberculosis  
23 A

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) .....

CONTRIBUTORY (SECONDARY) 3  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Staunton  
(STATE OR COUNTRY) Illinois

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Rudolph Borch

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) .....

20. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Bertha Borch

WHAT TEST CONFIRMED DIAGNOSIS? Various

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) .....

(Signed) Louis C. Borah, M.D.  
, 19 (Address) 114 So. Rose

14. INFORMANT Ernest H. Dworachek  
(Address) Belleville, Illinois

\*State the DISEASE CAUSING DEATH, or in deaths from OBVIOUS CAUSES, state (1) MEANS AND NATURE OF TREATMENT, whether MEDICAL, SUICIDAL, or HOMICIDAL. Resident Physician

15. FILED Am. 16 19 29 L. C. Obrock  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Green Mt, Belleville DATE OF BURIAL April 19, 1929

20. UNDERTAKER Gundlach & Co. ADDRESS Belleville, Mo.

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.

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