

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

Do not use this space.

38231

**1. PLACE OF DEATH**

County St. Louis Registration District No. 984  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Ferguson (No. 800 N. Florissant Rd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Rose Le Houillier

(a) Residence. No. 800 N. Florissant Rd. 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)**

single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb 14<sup>th</sup> 1910

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
19	8	25	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Seamstress  
 (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**

Joseph A Le Houillier

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

(STATE OR COUNTRY) Connecticut

**12. MAIDEN NAME OF MOTHER**

Ellen Rosner

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

(STATE OR COUNTRY) Mo

**14.**

INFORMANT Joseph A Le Houillier  
 (Address) Ferguson Mo

**15.**

FILED 12/5 1929 W. N. Schudde  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 11-9 1929

**17. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 6:47 p.m.

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

Struck by automobile while walking on Road.  
Vehicle - open.

(duration) yrs. mos. ds.  
**CONTRIBUTORY** Fractured Skull  
 (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. N. Florissant Road

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physic's report  
 (Signed) John F. Powell M. D.

\*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. Ferdinand 11-13 1929

**20. UNDERTAKER**

**ADDRESS**

Arthur J. Donnelly 2059 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

9625  
 31  
 2

At Home Co

Overland Hill

10/11/19

Dear Sir,  
I have the pleasure to acknowledge the receipt of your letter of the 10th inst. in relation to the above mentioned matter.

I am sorry to hear that you are unable to attend the meeting on the 15th inst. but I am sure that your absence will not be a disadvantage to the company.

I have discussed the matter with the other members of the committee and we have decided to proceed with the proposed scheme.

I am sure that you will be satisfied with the result and I am sure that you will be able to attend the meeting on the 22nd inst.

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