

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

Do not use this space.

2818

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 000
 City St. Louis Mo. (No. 7914 Minnooks)..... St. Ward)

File No.
 Registered No. 259
 St. Ward)

2. FULL NAME

Rosemary Davidlter
 (a) Residence, No. 7914 Minnooks St., 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 31 1924</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>11</u>	<u>7</u>	<u>7</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....				

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Aug Davidlter</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis</u> <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Rosa Kohn</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Aug Davidlter
 (Address) 7914 Minnooks

15. FILED JAN - 8 1930 W. C. Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1930 to Jan 7 1930
 that I last saw her..... alive on Jan 7 1930, and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Bronchial Pneumonia
Primary
 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)
100A
 (duration) yrs. mos. ds.

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

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) W. C. Starkey M. D.
1-8 1930 (Address) 5417 N. Grand Blvd

*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. Trinity Lutheran Jan 9 1930

20. UNDERTAKER ADDRESS 7819
Fendler Noel Co. - Maple

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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