

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City ST. LOUIS (No. 4326, ARSENAL ST.)

Registration District No. 791  
Primary Registration District No. 1003

File No. 2840  
Registered No. 281  
St. .... Ward

**2. FULL NAME** LAURA ROSSOW

(a) Residence. No. 4326 ARSENAL ST. St. 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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 PAUL ROSSOW

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 1 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) GERMANY  
(STATE OR COUNTRY)

10. NAME OF FATHER John LUETTEREN

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT PAUL ROSSOW  
(Address) 4336 ARSENAL ST.

15. FILED JAN - 9, 1930 Max O. Hankley 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 4, 1930, to Jan 7, 1930 that I last saw him alive on Jan 7, 1930, and that death occurred, on the date stated above, at 7 AM m.

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

82. Alcohol  
97  
107

(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) arteriosclerosis - 14 years

(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical exam  
(Signed) Dr. Reberman, M. D.

118, 1930 (Address) 2919 S. KINGSHIGHWAY 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 OAK GROVE CEMETERY DATE OF BURIAL 1/9/30 1930

20. UNDERTAKER KRIECSHAUSER UND. CO ADDRESS 4228 S. ALBANY

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.

235  
110

