

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

Do not use this space.

24178

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Clayton*

Registration District No. *790*
Primary Registration District No. *6083*
(No. *211 N. Meramee*)

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence No. *211 N. Meramee Ast.* Ward. *Clayton Mo*
(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 *male* 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 *Louisa Rosenbach*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 14 - 1869*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Real Estate*
(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 *Emil L. Rosenbach*

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

12. MAIDEN NAME OF MOTHER *Augusta Rothkamp*

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

14. INFORMANT *Louisa Rosenbach*
(Address) *211 N. Meramee Clayton Mo*

15. FILED *July 14, 1930* *R. W. Sullivan*
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7-13-1930*

17. I HEREBY CERTIFY, That I attended deceased from *April 12th* 19*30* to *May 29th* 19*30*
that I last saw him alive on *May 29th* 19*30*, and that death occurred, on the date stated above, at *1:45 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach
H. B.
12.5 B
118 C approx. (duration) yrs. *10* mos. ds.
CONTRIBUTORY *Indigestion and*
(SECONDARY) *hepatitis* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *at home*
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *no.* DATE OF (inoperable) *July 14, 1930*

WAS THERE AN AUTOPSY? *no.*
WHAT TEST CONFIRMED DIAGNOSIS *X-Ray & surgical Ex.*
(Signed) *R. L. Alsaker* M. D.

July 14, 1930 (Address) *618 Chemical Bldg,*
*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 *Bions. Cr. Cemetery* DATE OF BURIAL *7/15 1930*

20. UNDERTAKER *Louis H. Bipp* ADDRESS *Kirkwood*

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.

AUG 26 1930

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