MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791 1003

Do not use this space.

38190

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11573

City St. Louis, Mo. (No. ..... Sanitarium St. ..... Ward)

2. FULL NAME Rose Stanton

(a) Residence. No. 1816 Morgan St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	69			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fortville
(STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER Delos Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) New York

14. INFORMANT Louis H. Kohler
(Address) 5400 Arsenal

15. FILED 16 1930 19 Max C. Tuckley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/27/30 19

17. I HEREBY CERTIFY, That I attended deceased from 7/25/25, 19..., to 11/27/30, 19..., that I last saw her alive on 11/26/30, 19..., and that death occurred, on the date stated above, at 6.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Mediastinum
of T B
(duration) ..... yrs. 1 mos. 24 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Louis H. Kohler, M.D.
12/1/30, 19 (Address) 5400 Arsenal

*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. Louis U.	12-1 1930
20. UNDERTAKER	**ADDRESS**
Walter Richter	3500 Rutgers St

47

...CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.