

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township St. Louis Primary Registration District No. 1002
 City St. Louis (No. 1874 814)

File No. 3158
 Registered No. 370
 St. _____ Ward _____

2. FULL NAME

Rose Pine
 (a) Residence No. 1874 814 St. 23 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Pine
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 82 Unknown
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home wife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
 10. NAME OF FATHER Vaclav Wolf
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Anton Pine Sr
 (Address) 1874 814 St
 15. FILED Jan 11 1931 REGISTRAR Chas W. Staker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1931
 17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Jan 9, 1931
 that I last saw him alive on Jan 8 15, 1931, and that death occurred, on the date stated above, at 2:15 Am.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chr. Int. Nephritis
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(duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 131
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Robert L. Weber, M. D.
Jan 10 1931 (Address) 1837 S. 9 St.

*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
S. S. Peter & Paul Jan 12 1931
 20. UNDERTAKER ADDRESS
Mr. E. Moyall 1926 Allen

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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