

**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.....

Primary Registration District No. 1003

City St. Louis Mo.

(No. 3836 So. Grand Blvd.)

File No. 26432
Registered No. 7582
St. Ward)

2. FULL NAME Fredericka Rose

(a) Residence, No. 3836 So. Grand Blvd. 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 **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 **William Rose**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 12th, 1851**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
80		1	23	

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) **At Home**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT Euna Schovette
(Address) 3636 So. Grand Blvd.

15. FILED JUL 15 1931 Max C. Frank REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1931

17. I HEREBY CERTIFY, That I attended deceased from June 12 1931 to July 5 1931 that I last saw her alive on July 4 1931 and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC INTERSTITIAL NEPHRITIS
131
95E (duration) 3 yrs. - mos. - ds.
CONTRIBUTORY CHRONIC MYOCARDIAL DEGENERATION
(SECONDARY)
+ SENILITY (duration) 1 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS X
(Signed) Arthur E. Sprink, M. D.
7-6 1931 (Address) 1405 1/2 Broadway

*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 St Pauls Churchyard DATE OF BURIAL 7-8 1931

20. UNDERTAKER Stacker Heidecke ADDRESS 2331 S Blvd

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.



[Faint, illegible text scattered across the page, possibly bleed-through from the reverse side or extremely faded print. Some faint characters like 'SAC' and 'OFFICE' are visible.]