

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

26826

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. Mo. Baptist Hosp.)

File No.....
Registered No. 8024
St. Ward)

2. FULL NAME

Harry Roose

(a) Residence, No. 1118 Hodemont St. 5 Ward.

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture
Famous Barr.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER 13. NAME Charles Roose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Laura Roose
(ADDRESS) 1118 Hodemont ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE July 21 1931

19. UNDERTAKER K. Leidner Und Co
(ADDRESS) 148 N. Market St

20. FILED JUL 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18th 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-1- 1931 to 7-18- 1931
I last saw h. alive on 7-18- 1931. Death is said to have occurred on the date stated above, at 10⁰⁰ m.
The principal cause of death and related causes of importance were as follows:

Inter. Sclerosis of
Gen. and cerebral
hypertension 1924
Date of onset

Other contributory causes of importance:
hypert. ch. sclerosis

Name of operation..... Date of.....
What confirmed diagnosis? Tuberc. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) R. C. Anderson, M. D.
(Address) Wall Bldg

27