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.

39381

File No. 11570

Registered No.

1. PLACE OF DEATH

County

Township

City ST, LOUIS MO. (No. 5068 EASTON AVE. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME RUSSELL EARL ROSCOE.

(a) Residence, No. 5068 EASTON AVENUE. St., 6 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: MALE.

4. COLOR OR RACE: WHITE.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): INFANT.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/16/31.

7. AGE: YEARS ------ MONTHS ----- DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) ST, LOUIS MISSOURI.

FATHER

13. NAME GEORGE C. ROSCOE.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST, LOUIS, MO.

MOTHER

15. MAIDEN NAME LAURA E.B. NACK.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST, LOUIS, MO.

17. INFORMANT (ADDRESS) Geo. C. Roscoe 5068 Easton

18. BURIAL, CREMATION, OR REMOVAL

PLACE FRIEDENS CEMETERY DATE 11/19/31. 19

19. UNDERTAKER (ADDRESS) Provost Mud Co 3710 N Grand Blvd

20. FILED Nov 19 1931 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/31. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Nov 18, 1931

I last saw him alive on Nov 18, 1931. Death is said to have occurred on the date stated above, at 7-A m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency
Neonatorum

157C
158 157C

Date of onset

Other contributory causes of importance:

Patulous Foramen Ovale

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) C C Emerson, M. D.

(Address) 3820 Easton