

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

Do not use this space.

2341

1. PLACE OF DEATH

County St. Louis Co
Township Cavendish
City Roh (No. Rock Hosp)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 21 St. Ward)

2. FULL NAME

(a) Residence. No. 3538 Gravois St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. 6 mos. 10 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8th 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 10

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). 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John Widmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Kate Richard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

14. INFORMANT Roch Hospital Records (Address) Roch Mo.

15. FILED Jan 19 1932 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/18/32 19

17. I HEREBY CERTIFY, That I attended deceased from 2-5-24, 1924, to 1/18/32, 1932, that I last saw h. e. alive on 1/18/32, 1932, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
(Bilateral)
7^{1/2} (duration) 10 yrs. 4 mos. 15 ds.

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

18. WHERE WAS DISEASE CONTRACTED (D)
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF

WHAT TEST CONFIRMED DIAGNOSIS Classical

(Signed) John J. Ryan, M. D.
1/19/32, 19 (Address) Rock Hospital

*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 Int. Olive DATE OF BURIAL Jan 21 1932

20. UNDERTAKER J. H. Gebken ADDRESS L. U. Co. 2842 Meramec St.

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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FEB 25 1932

RECORD WITH SURROUNDING INFORMATION IS A PERMANENT RECORD

