

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

Do not use this space.

2485

1. PLACE OF DEATH

County Registration District No. 70
Township Primary Registration District No. 2-1-1
City St. Louis (No. City Hospital)

File No. 154
Registered No.
St. Ward)

16046
2. FULL NAME Rose McDonald
(a) Residence, No. 4529 So. Broadway St. 15 Ward. 15
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred life 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 divorced
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26-1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>1</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) St. Louis (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Rudolph Krupber

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

MOTHER 15. MAIDEN NAME Anna Kannopel

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE New Parkers DATE Jan 6 1932

19. UNDERTAKER (ADDRESS) E. J. Schmitz

20. FILED 19 W. C. Sturges Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st 1931, to Jan. 4th 1932
I last saw her alive on Jan. 4th 1932 Death is said to have occurred on the date stated above, at 9:50 am.

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

Pulmonary Tuberculosis
Other contributory causes of importance:
23

Name of operation None Date of
What test confirmed diagnosis? clinical 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 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Medical M. D.
(Signed) W. C. Sturges
(Address) City Hospital

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.

Mc Donald

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