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.

✓ 6740

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1816

City St. Louis, Missouri (No. West Side Of Free Bridge St. ..... Ward)

2. FULL NAME Tobias Rossman

(a) Residence, No. 2305 S. 4th Street St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Theresa Rossman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 16th, 1883

7. AGE: YEARS 48 | MONTHS 6 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker 86
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): Vienna, Austria 3

FATHER

13. NAME: John Rossman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Eva Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Theresa Rossman, 2305 S. 4th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Feb. 26 1932

19. UNDERTAKER (ADDRESS): Kirk Bros, 2201 S. Grand Blvd.

20. FILED FEB 25 1932 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 23rd, 1932

22. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 A.M.

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

210 M

Shock & Injuries (Internal) received when struck and run over by motor bus in St. Louis, Mo. Deceased was a pedestrian. Whether accidental or intentional on the part of the deceased could not be ascertained.

Date of onset: 20

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental or intentional ..... Date of injury 2/23, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Run over by motor bus

Nature of injury Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John Hurley, M. D.

(Address) Deputy Coroner

2/24/32