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.

APR 29 1932

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

Do not use this space.

9945

1. PLACE OF DEATH

96 County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 B — Registered No. 10 V

City (No. Boswell & Adams St. St. Ward)

2. FULL NAME Josephine E. Rohrhasse

(a) Residence, No. Boswell & Adams St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1866

7. AGE: YEARS 65 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244

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) Cincinnati Ohio 2

FATHER

13. NAME Fred Rohrhasse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) G ? Germany 10

MOTHER

15. MAIDEN NAME Henrietta Beckman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) G ? Germany

17. INFORMANT (ADDRESS) Mrs. Dora Kuefner Boswell & Adams St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem DATE April 4 1932

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave

20. FILED 4/1 1932 Jolla Bray M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1952, to March 31, 1932

I last saw her alive on March 31, 1932 Death is said to have occurred on the date stated above, at 10.15 a.m.

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

	Date of onset
Chronic Myocarditis	
93C	
11B	
103B	

93C

Other contributory causes of importance:
Hemorrhage from nose
Influenza

1

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) Arnold H Wurzer, M. D.

(Address) 8900 St Chas Rd

Dr. [illegible]

8900 [illegible]

[illegible]

10 [illegible]