

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

Do not use this space.

17293

1. PLACE OF DEATH
 96. County St. Louis Registration District No. 786
 6 Township Primary Registration District No. 4469
 8 City Maplewood 2 (No. 3627, Manhattan Ave) St. Ward

2. FULL NAME Rosalie Marie Kutzy
 (a) Residence, No. 3627 Manhattan St. Ward

(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 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) Feb 1 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 3 27

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

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 Mo

MOTHER FATHER
 13. NAME George J. Kutzy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois Ill
 15. MAIDEN NAME Maple Tallent
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Geo J. Kutzy
 (ADDRESS) 3625 Manhattan Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New St. Maus DATE 5-30 1932

19. UNDERTAKER Kriegshauser Mortuaries
 (ADDRESS) 4228 So. Kingshighway

20. FILED May 28 1932 Mercedes Schuster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932 to May 28, 1932
 I last saw her alive on May 28, 1932 Death is said to have occurred on the date stated above, at 8 A m.
 The principal cause of death and related causes of importance were as follows:
Cerebro-spinal meningitis
115 W 115 A
77 B
 Other contributory causes of importance:
T. trinitatis 3 days

Name of operation Date of
 What test confirmed diagnosis? none 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) Dr. Brossard, M. D.
 (Address) 3500 Cambridge
Maplewood

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.

68 27 19

3500 Cambridge