

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

Do not use this space.

17708

1. PLACE OF DEATH

County Registration District No. 792
 Township Primary Registration District No. 792
 City St. Louis (No. 8974, Gdna Street St. 4660 Ward)

2. FULL NAME

Frank J. Rosch &
 (a) Residence, No. 736 Biltmore St. 8 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Rosch (Finger)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 27
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 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) Germany

13. NAME August Rosch

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Mrs. Elizabeth Rosch
736 Biltmore Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE May 14, 1932

19. UNDERTAKER (ADDRESS) Math. Hermannson
210 S. Fair Ave.

20. FILED MAY 22 1932 Wm. C. Vincent Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1927, 19... to May 10, 1932
 I last saw him alive on May 10, 1932. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance: 82A 82B 82C 82D 82E 82F 82G 82H 82I 82J 82K 82L 82M 82N 82O 82P 82Q 82R 82S 82T 82U 82V 82W 82X 82Y 82Z

(Name of operation) None 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? 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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify SA Van Hoefen

(Signed) SA Van Hoefen, M. D.

(Address) 8313 Halls Ferry, City

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.

