

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

Do not use this space.

21208

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. *701*
Township.....*Maple*..... Primary Registration District No. *200*
City.....*St. Louis* (No. *5654*) *Maple* an..... St. Ward)

File No.
Registered No. **5761**
St. Ward)

2. FULL NAME

(a) Residence, No. *5654* *Maple* an, St. *6* Ward.

(Usual place of abode)

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widow</i> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Sues</i>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>3/18-1867</i>		
7. AGE	YEARS <i>65</i>	MONTHS <i>3</i>	DAYS <i>1</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>			
	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) <i>Huntingburg Ind</i>				
FATHER	13. NAME <i>Jacob Ros Roscher</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>Wm Sues 3259 Maple</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Huntingburg Ind 6/18</i>				
19. UNDERTAKER (ADDRESS) <i>Meek & Co 3259 Maple</i>				
20. FILED JUN 18 1937 <i>Esther Estabrook</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 19 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 20 1935* to *June 18 1937*

I last saw him alive on *June 15 1937* Death is said to have occurred on the date stated above, at *10418 E*

The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset *about 7 yrs ago*

Other contributor causes of importance:
Patient was not under professional care only at casually

Name of operation.....*None* Date of.....
What test confirmed diagnosis? *Kub* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* 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) *John C. Brown, M. D.*
(Address) *4518 Washington*

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.

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