

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

Do not use this space.

41761

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1007
City St. Louis (No. 1380, Temple Pl. St. _____ Ward)

File No. _____
Registered No. 10838

2. FULL NAME

Rosella Waters
(a) Residence, No. 1380 Temple Pl. St. 6 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
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) Rocky Island, Illinois

13. NAME John Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Ireland

15. MAIDEN NAME Sophie Armstrong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr Michael Waters
(ADDRESS) 1380 Temple Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery DATE Dec, 8 1932

19. UNDERTAKER Geo. L. Pleitsh, Inc.
(ADDRESS) 5914 Eastern Ave.

20. FILED DEC - 7 1932
W. C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932, to Dec 6, 1932
I last saw her alive on Dec 5, 1932 Death is said to have occurred on the date stated above, at 7:10 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset 6 days
Angina Pectoris
92A
94A
97
Other contributory causes of importance:
Mitral Insufficiency
Aortic Atherosclerosis

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
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. M. Gibson M. D.
(Address) 4337 Washington Blvd
St. Louis

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

S. NO. 2

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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9 to 10 a.m.

Ref. 3312