

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **12023**
 City **St. Louis mo.** (No. **Barnes Hospital**)

File No.
 Registered No. **6484**
 St. Ward)

2. FULL NAME **Rose Annie Kane**

(a) Residence, No. **908 Christian** St., **1** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johy Kane		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known		
7. AGE YEARS About 53	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known		
13. NAME Not known		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known		
15. MAIDEN NAME Not known		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known		
17. INFORMANT Patrick O'Hill (ADDRESS) 108 Christian		
18. BURIAL, CREMATION OR REMOVAL PLACE Calvary DATE July 27 19 33		
19. UNDERTAKER Math. Hermann (ADDRESS) 1161 East Taylor		
20. FILED JUL 26 1933 J. F. Brebeck Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7 - 24 - 1933**

22. I HEREBY CERTIFY, That I attended deceased from **7 - 19 - 1933** to **7 - 24 - 1933**
 I last saw her alive on **7 - 24 - 1933** Death is said to have occurred on the date stated above, at **11:25 P.M.**
 The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease
Ch. Myocarditis
Bronchopneumonia
 Date of onset
930
958
107 A
 Other contributory causes of importance: **930**

Name of operation **Autopsy** Date of **yes**
 What test confirmed diagnosis **Autopsy** Was there an autopsy? **yes**

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?
 If so, specify **Karl Roemer** M. D.
 (Signed) **Karl Roemer** (Address) **BARNES HOSPITAL**

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.

AUG - 6 1933

275
81
81
81

