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.

NOV 10 1933

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

Do not use this space.

34519

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8674

City St Louis Mo, (No. 1721 Ohio av St. ..... Ward)

2. FULL NAME Rose Amsinger

(a) Residence, No. 1721 Ohio av St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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~~): widow

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Joseph Amsinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 15-1856

7. AGE: YEARS 77 MONTHS 8 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

5 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

FATHER

13. NAME: Unknown

5 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER

15. MAIDEN NAME: Sarah Haden

5 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Mrs Gertrude Daust, 1721 Ohio av.

18. BURIAL, CREMATION, OR REMOVAL: New S. S. Peter & P. Cem. DATE October 6, 1933

19. UNDERTAKER (ADDRESS): E. J. Schnur, 3125 Lafayette av.

20. FILED Oct 5, 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to Oct 4, 1933

I last saw her alive on Oct 4, 1933. Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstial nephritis

131

162

Other contributory causes of importance:

General Debility

8

Date of onset

Name of operation ..... 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 .....

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

If so, specify .....

(Signed) Otto C. Hauser, M. D.

(Address) 3156 Park Ave