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

Do not use this space.

File No. 6399
Registered No. 1214

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.

MAR 24 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1093

City St. Louis (No. St. Louis City Hospital St. ..... Ward)

2. FULL NAME Rose Engler

(a) Residence, No. 1418 N. Grand Bl. St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Charles Engler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	10	14	

OCCUPATION

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) St. Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

17. INFORMANT Charles Engler
(ADDRESS) 1418 N. Grand Bl.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bethania Cmetry DATE Feb. 3, 1934

19. UNDERTAKER Cullinane Bros.
(ADDRESS) 1710 N. Grand Bl.

20. FILED FEB 5 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933, to Jan. 31, 1934

I last saw her alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 6 A. m.

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

Premature Labor. 108 / 1 / 54 / 11 / 108

Date of onset Jan 31

Other contributory causes of importance:
Acute Tonsilitis
Non Diphtheritic

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) N. E. Reder, M. D.
(Address) 1109 N. Grand

Dr. Peden

1109 N. Grant.