

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

Do not use this space.

MAR 28 1935

6599

1. PLACE OF DEATH St. Joseph's Hospital
 County St. Charles, Mo. Registration District No. 757
 Township St. Charles, Mo. Primary Registration District No. 3036
 City St. Charles, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Rosine Wurster
 (a) Residence, No. Lafayette Ind. St. _____ Ward Lafayette, Indiana
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 1, 1849</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>1</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>1 week ago</u>	
11. Total time (years) spent in this occupation. <u>60 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>		
MOTHER	13. NAME <u>Don't Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
	15. MAIDEN NAME <u>Don't Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>Mrs. Happel</u> (ADDRESS) <u>St. Charles, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lafayette, Ind.</u> DATE <u>March 1, 1935</u>		
19. UNDERTAKER <u>S. Reinbrinker Undertaking Co.</u> (ADDRESS) <u>St. Charles, Mo.</u>		
20. FILED <u>7/78</u> 19 <u>35</u> <u>Charles H. Heister</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1935 to Feb. 28, 1935
 I last saw her alive on Feb. 27, 1935. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary-Renal Insufficiency
slight
 Date of onset ?

Other contributory causes of importance:
121

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) J. J. [Signature], M. D.
 (Address) St. Charles, Mo.

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.

WHITE PRINT, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

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409 Mr. Kingdon
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