

JAN 13 1936

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

Do not use this space.

41871

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1008**
City **St. Louis** (No. **2229 Gasconade St.**) St. _____ Ward _____

2. FULL NAME

Rose M. Sindelar
(a) Residence, No. **2229 Gasconade St.** St. **15** 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) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph F. Sindelar.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1876.		
7. AGE YEARS 59	MONTHS 4	DAYS 3
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home	
	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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

FATHER 13. NAME **Rudolph Geiger.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

MOTHER 15. MAIDEN NAME **Anna Eichelberger.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

17. INFORMANT (ADDRESS) **Katherine Kemper 1126 Rutger St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Home Burial** DATE **Jan. 2, 1936.**

19. UNDERTAKER (ADDRESS) **J. H. Gorkens & Co. 2842 Meramec St.**

20. FILED **DEC 30 1935** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 30, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **September 1, 1935, to December 30, 1935**
I last saw her alive on **December 30, 1935**. Death is said to have occurred on the date stated above, at **2:35 A. m.**
The principal cause of death and related causes of importance were as follows:

Pneumonia Hypostatic Date of onset **Dec. 29, 35**
Leban

Other contributory causes of importance: **46**
Carcinoma Stomach & Liver **Jan 1935**
Primary cancer liver
Name of operation **None** Date of _____
What test confirmed diagnosis? **X-Ray** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **None** Date of injury _____, 19____
Where did injury occur? **None** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **J. M. Calverley** M. D.
(Address) **2767 Marais St.**

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.

