MAR 12 1936

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

ISOLATION HOSPITAL

Do not use this space.

7842

1. PLACE OF DEATH

County ..... Registration District No. 1701

Township ..... Primary Registration District No. 1703

City Saint Louis Mo. (No. ....., ... St. ..... Ward)

File No. ..... Registered No. 1510

2. FULL NAME Shirley Rose

(a) Residence, No. 916 Kentucky St., 18 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1934

7. AGE: Years 1 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Saint Louis Missouri

FATHER

13. NAME Erwin Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo

MOTHER

15. MAIDEN NAME Agnes Boyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo

17. INFORMANT M. G. Barry (ADDRESS) Isolation Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 2-11 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4104 Manchester Ave

20. FILED FEB 10 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Feb 10, 1936

I last saw her alive on Feb 10, 1936. Death is said to have occurred on the date stated above, at 6-05 P.M.

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

	Date of onset
Laryngeal Diphtheria	

Other contributory causes of importance: 10

Name of operation Tracheotomy Date of Feb 8, 1936

What test confirmed diagnosis? Culture 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 .....

(Signed) C. E. Smith M. D.

(Address) 5240 Delmar St. Louis 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.