MAR 12 1936

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

Do not use this space.

8046

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 3968A, Keokuk St. ..... St. ..... Ward)

File No. 1718

Registered No. .....

2. FULL NAME Pauline Rosenow

(a) Residence, No. 3968A Keokuk St., 16 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 26, 1896

7. AGE: YEARS 39 | MONTHS 7 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

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.: —

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): Bridgeport, Indiana

FATHER

13. NAME: Dolph Rodenberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brazil, Indiana

MOTHER

15. MAIDEN NAME: Ida Compton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bridgeport, Indiana

17. INFORMANT (ADDRESS): Mrs. Susanna Rosenow, 3910 Castleman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walhalla DATE 2-17-36, 19

19. UNDERTAKER (ADDRESS): Oscar J. Hoffmeister, 4016 Chippewa St.

20. FILED FEB 15 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-14-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1936, to Feb 14th, 1936

I last saw her alive on Feb 14th, 1936. Death is said to have occurred on the date stated above, at 1 p.m.

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

	Date of onset
Diabetes Mellitus	About Oct 1935

Other contributory causes of importance: 59

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? No

If so, specify .....

(Signed) Charles E. T. Smith, M. D.

(Address) 3860 S. Broadway

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.