

JUL 27 1936

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

Do not use this space, ✓

7

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 60339
 City Clayton Mo. (No. St. Louis Co. Mo.) _____ St. _____ Ward _____
 2. FULL NAME Roseoe, William
 (a) Residence, No. 9425 Bristol Overland 70 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.

File No. 24149
 Registered No. 790

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor E. Roseoe.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1907
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 6 8
 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) St. Louis
 13. NAME Richard Casey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
 15. MAIDEN NAME Irine Colclazier
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

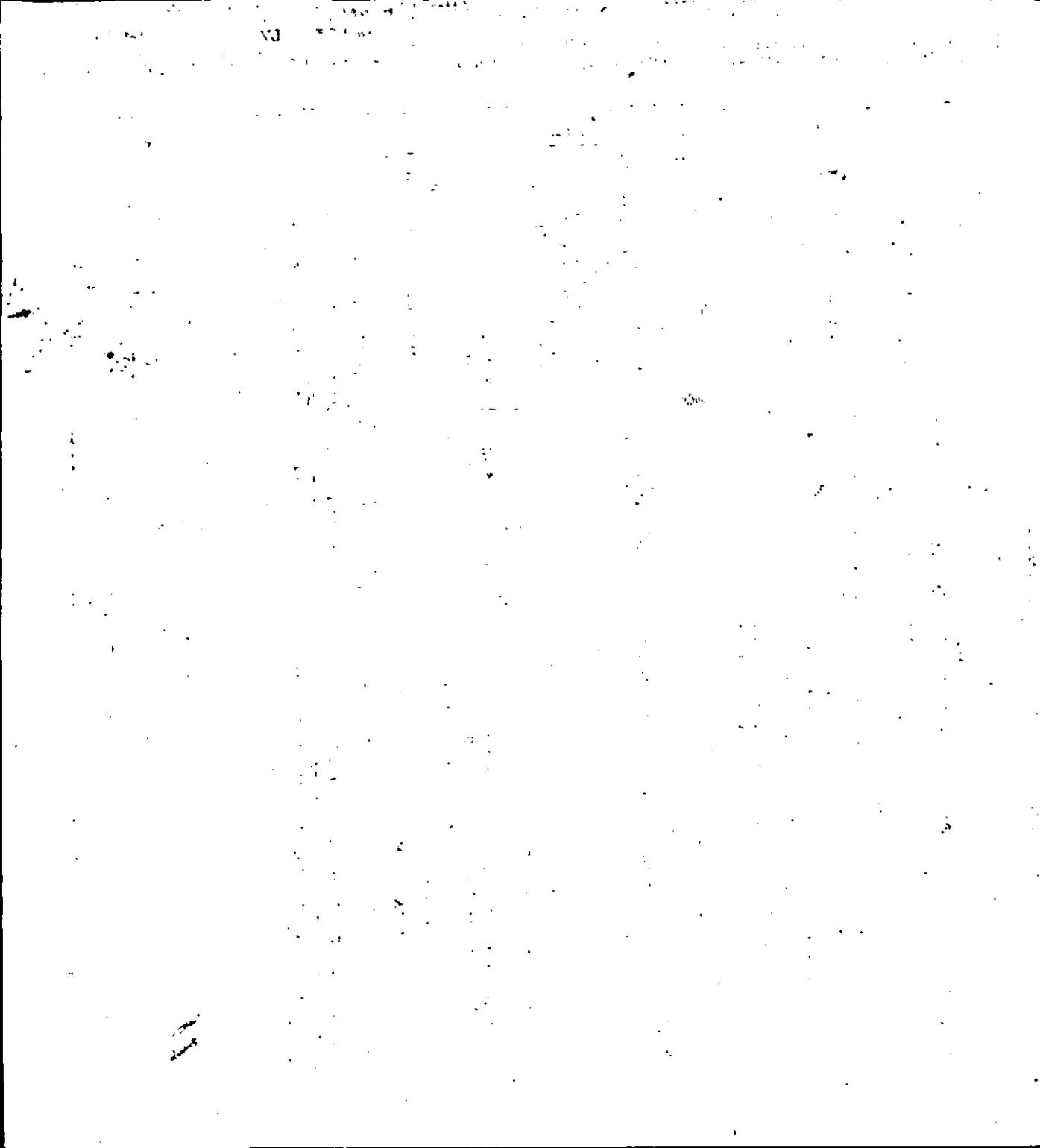
17. INFORMANT (ADDRESS) Victor E. Roseoe
9425 Bristol Overland
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 4 1936
 19. UNDERTAKER (ADDRESS) Henry Lee
1417 N. Market St.
 20. FILED: 6/3 1936 Dr. J. Agnello
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936, 19____
 22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, 19____, to June 1, 1936, 19____
 I last saw her alive on June 1, 1936, 19____. Death is said to have occurred on the date stated above, at 1:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Totemia p. Prig.
(Eclampsia)
Acute yellow fever
Stasis hepatitis
Other contributory causes of importance:
Acute yellow fever
Stasis hepatitis
Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Frank W. Johnson, M. D.
 (Address) St. Louis Co. Mo.
Clayton, Mo.

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.



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BUREAU OF VITAL STATISTICS
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1. PLACE OF DEATH

County St. Louis

Registration District No. 1790

File No.

Township

Primary Registration District No. 60.33^a

Registered No. 211

City Clayton (No.)

St. Ward)

2. FULL NAME Roseve Lillian

(a) Residence, No. St., 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>28</u>	<u>6</u>	<u>8</u>	

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 2/13-36 1936 D. A. Squirelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him/her alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Topic Nephritis, chr. (prev. to pneumonia)

Date of onset

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?

If so, specify
(Signed) Frank H. Robinson M. D.
(Address) St. Louis Co. Hosp. Clayton

S. J. ...

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.

RECORD

5-24149