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

JUL 14 1936

Do not use this space.

24747

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ..... (No. 4922 Bulwer St. ..... Ward)

File No. .....

Registered No. 6370

2. FULL NAME Rosina Liquer

(a) Residence, No. 4922 Bulwer St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9th, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	102	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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, Mo.

FATHER

13. NAME ------Gieselmann

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

MOTHER

15. MAIDEN NAME Unk.

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

17. INFORMANT (ADDRESS) Henry Gieselmann Brother

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Cem DATE 6/23/36 19

19. UNDERTAKER (ADDRESS) Aug. Brockland 1421 N. 9th St.

20. FILED JUN 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 P.M.

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

	Date of onset
Strangulation, due to hanging by rope to transom, at residence.	
SUICIDE.	

165

Other contributory causes of importance:

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 6/19, 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home.

Manner of injury SUICIDE.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

6/22/36

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 2
100M-11-24-33