

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

Do not use this space.

32586

SEP 15 1936

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Alexian Bros/ Hospital**)

File No.....
Registered No. **8457**
St. Ward

2. FULL NAME

Elmer Harry Rosenau

(a) Residence, No. **2637 Armand Place**, St. **23** 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 **Male** 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) **Nov. 27, 1918**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Grocery Clerk**
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) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Daniel B. Rosenau**

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

MOTHER 15. MAIDEN NAME **Emma M. Paul**

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

17. INFORMANT (ADDRESS) **Daniel B. Rosenau 2637 Armand Pl**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Aug. 15, 1936**

19. UNDERTAKER (ADDRESS) **H. M. F. Paschedag 2835 N. Grand St. St. Louis**

20. FILED **AUG 14 1936** **J. T. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 12, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 7** 19**36**, to **Aug 12**, 19**36**. I last saw him alive on **Aug 12**, 19**36**. Death is said to have occurred on the date stated above, at **11:22A** m.

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

Encephalitis (deteriorative) Date of onset **6 days**

Other contributory causes of importance: **none**

Name of operation **none** DATE of **none**
What test confirmed diagnosis? **none** Was there an autopsy? **No**

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) **H. M. F. Paschedag**, M. D.
(Address) **3014 S. Jefferson**

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.

