

JAN 10 1937

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

Do not use this space.

46434

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis (No. City Hospital No. 1

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **12222**
St. Ward)

B. 12925 Rosie Joseph

2. FULL NAME
(a) Residence, No. **710 Marion** St. **23** Ward. (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) Nov 1, 1935		
7. AGE YEARS	MONTHS	DAYS
1	1	9
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) **St. Louis, Missouri**

13. NAME **Dorothy Joseph**

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

15. MAIDEN NAME **Dorothy Joseph**

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

17. INFORMANT **Hosp. Info. M.H. Kent**
(ADDRESS) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Dec 12 1936**

19. UNDERTAKER **A.M. McLaughlin**
(ADDRESS) **2301 Lafayette**

20. REGISTRAR **J. Bredeck**
DATE **DEC 12 1936** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/10/36**

22. I HEREBY CERTIFY That I attended deceased from **12/5/36** to **12/10/36**

I last saw her alive on **12/10/36**, 19... Death is said to have occurred on the date stated above, at **4.50p.m.**

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

Solar Pneumonia Date of onset
108
Hypoplastic Anemia

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....., 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) **A. W. Hanso**, M. D.
(Address) **City Hospital No. 1**

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.

