

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

FEB 8 1937 **791**
Registration District No.
Primary Registration District No. **1003**

File No. **3151**
Registered No. **173**
St. Ward)

2. FULL NAME Eliza Rose

(a) Residence, No. 1229 N. 10th St. St. 25 Ward. 1

(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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 25

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. Nil

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) Tenn.

FATHER 13. NAME Charles Duncan

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Horace Rose (ADDRESS) 1229 N. 10th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 1/7/37

19. UNDERTAKER W. S. Wade Und. Co. (ADDRESS) 4202 Finney Ave.

20. FILED JAN 5 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937, to Jan 1, 1937

I last saw her alive on Jan 1, 1937. Death is said to have occurred on the date stated above, at 7 a. m.

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

Acute Degeneration Date of onset 2000 months 70.

Other contributory causes of importance: myocarditis

Name of operation Autopsy Date of Jan 1

What test confirmed diagnosis Asa 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? Yes

If so, specify _____ (Signed) J. G. Flowers M. D.

(Address) 174 N. 10th St.

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.

