

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

Do not use this space.

1. PLACE OF DEATH

96
37
County
 Township
 City St. Louis (No. 6211 West Park Ave.) St. Ward 2

791
1003

File No. 3492
 Registered No. 524

2. FULL NAME Josephine Rosier

(a) Residence, No. 6211 West Park Ave. St. 4 Ward 1
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
63 0 2

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. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Manitoba (STATE OR COUNTRY) Canada

13. NAME Frederick Buydens

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

15. MAIDEN NAME Catherine Dekovick

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

17. INFORMANT Alfred Rosier (ADDRESS) 6211 West Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marieapolis Manitoba Can. 1-13-

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED JAN 13 1937 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 - 1937, to Jan 12 - 1937. I last saw her alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial Asthma
Chronic Nephritis
 Date of onset Jan 5

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) R. M. Sweet Murphy M. D.
 (Address) 6120 Victoria Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. PLACE OF DEATH is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Sp: 0107

Wm Brent Murphy

6120 Victoria Ave

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