

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.

**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

791
1003

FEB 8 1937
Registration District No. 791
Primary Registration District No. 1003
(No. Ermin, Desloge Hosp)

File No. 4269
Registered No. 1253
St. Ward

2. FULL NAME Frank C. Roseman

(a) Residence, No. 4030 Shenandoah St., 17 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 Male 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 Gertrude Roseman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1872

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

64 5 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat 136

10. Date deceased last worked at this occupation (month and year) 1-1-1933 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo

MOTHER 13. NAME David Roseman

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Theresa Berg

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Gertrude Roseman (ADDRESS) 4030 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lucas DATE 1-30-37 19

19. UNDERTAKER Oscar J. Hoffmeister (ADDRESS) 4016 Chippewa Str.

20. FILED J. H. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1937, to 1-27-37, 1937.
I last saw him alive on 1-27-37, 1937. Death is said to have occurred on the date stated above, at 10^{PM} A.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1-22-37

Other contributory causes of importance:
Syphilis
Cholera of liver

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify (Signed) G. O. Brown, M. D.
(Address) 1325 S. Grand

JAN 28 1937

