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

Do not use this space.

JAN 28 1937

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 4486
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 13
City Richmond Heights (No. St. Mary's Hospital, St. Ward)

2. FULL NAME Crandall Rosecrans,
(a) Residence, No. 148 Hewett Road, St., Ward. Wyncote, Pa.
(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 Roberta D. Rosecrans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1897-1-4

7. AGE: Years 40 — Months - — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical
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) Austin, Ill.

FATHER
13. NAME Crandall Rosecrans,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Iowa

MOTHER
15. MAIDEN NAME Olive Haney,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon, Ill.

17. INFORMANT Roberta Rosecrans,
(ADDRESS) Wyncote, Pa.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 1/9/37, 19

19. UNDERTAKER Robert J. Ambrudts
(ADDRESS) Clayton Road at Concordia Lane

20. FILED Jan. 8, 19 37 Sam A. Bassett, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7th, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1937, to January 7th, 1937
I last saw him alive on January 7th, 1937. Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1/6/37
Secondary glommerulo interstitial type of nephritis.	
Secondary sub-dural hemorrhage	Jan. 3 1937

Other contributory causes of importance: Malignant Hypertension
Gastric hemorrhage of varicose vein in stomach. Unknown.
Name of operation ..... Date of ..... Blood Chemistry
What test confirmed diagnosis? ..... Was 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, at 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. A. Kinsella, M. D.
(Address) 3720 Washington av.

R.A.Kinsella, M.D.

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

A. J. Kotkis, M.D.
6516 Oakland Ave.
HI.7213 or GR.6080