MAR 5 - 1937

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

Do not use this space.

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1. PLACE OF DEATH
County 9 Registration District No. 791 File No. 8623
Township Primary Registration District No. 1003 Registered No. 2080
City St Louis (No. St Anthony's Hosp. St. Ward)

2. FULL NAME Helen Rowland
(a) Residence, No. Bourbon Mo St., NR Ward. Bourbon Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 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 J. Rowland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1913
7. AGE YEARS 23 MONTHS 7 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyoming 10

FATHER
13. NAME Walter Tilge 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado

17. INFORMANT (ADDRESS) J Rowland Bourbon Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan Mo DATE 2-18 1937
19. UNDERTAKER (ADDRESS) E. E. Long Bourbon Mo
20. FILED FEB 19 1937 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937, to Feb. 17, 1937, I last saw her alive on Feb. 17, 1937 Death is said to have occurred on the date stated above, at 10:30 A. M.
The principal cause of death and related causes of importance were as follows:

Sepsis. non Puerperal (duration- 2 weeks) Cause Unknown

Date of onset

1106

Other contributory causes of importance: Unknown

Autopsy findings :- Broncho Pneumonia, pluritis & general infective sepsis of perineal cavity.

Name of operation Date of
What was 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, 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? No
If so, specify
(Signed) A. L. Hertel, M. D.
(Address) 3606 Gravois Ave.

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.

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