

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.

SEP 27 1937

1. PLACE OF DEATH

County Warren Registration District No. 884 File No. 32095
 Township Charotte Primary Registration District No. 8176 Registered No. 21
 City (No. _____ St. _____ Ward _____)

2. FULL NAME

Joseph Herman Rosemeyer

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|---|------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kathrine Rosemeyer</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11 1894</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>52</u> | <u>8</u> | <u>17</u> | | |
| OCCUPATION | 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. <u>Merchant</u> | | | |
| | 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) <u>Peers Mo</u> | | | | |
| FATHER | 13. NAME <u>John Rosemeyer</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peers Mo</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mary Hauber</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peers Mo</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Kathrine Rosemeyer Peers Mo</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coveard Hill</u> DATE <u>Sept 1 1937</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Fred W. Lichtberg Northwood</u> | | | | |
| 20. FILED <u>Aug 30 1937</u> <u>H. C. Plummer</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1937 to Aug 29 1937
 I last saw him alive on Aug 29 1937. Death is said to have occurred on the date stated above, at 1A m.
 The principal cause of death and related causes of importance were as follows:
acute coronary thrombosis Date of onset Aug 28 1937

Other contributory causes of importance: HTA Hypertension and coronary sclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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) Herbert H. Schmidt M. D.
 (Address) Northwood Mo

