

REC'D JUN 9 1938

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

16914
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township St. Louis
(c) City.....

Registration District No. **791**
Primary Registration District No. **1003**
(d) Street No. City Hospital No. 1

Registered No. **4775**

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

D. 1616

Edith Rose **200**

2. PRINT FULL NAME

(a) Residence, No. 6912 Sutherland St. **3**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Wiley Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1891.

7. AGE YEARS MONTHS DAYS 46 7 17
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Housewife

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

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) St. Louis, Missouri

FATHER 13. NAME Frank James

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

MOTHER 15. MAIDEN NAME Lula Unk.

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

17. INFORMANT Wiley Rose, Mort
(ADDRESS) 6212 Sutherland

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville, Ill DATE May 27/ 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc.
(ADDRESS) 429 N. Euclid, Ave.

20. FILED MAY 24 1938 J. F. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/38, 19

22. 5/8/38 HEREBY CERTIFY That I attended deceased from 5/22/38, 19...
her 5/22/38, 19... Death is said
I last saw her alive on 5/22/38, 19... at 11.30 p m

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease

Date of onset

Other contributory causes of importance:

Uremia & Chronic nephritis

Name of operation..... Date of.....
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, 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) Richard P. Viet M. D.
(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Guy W Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.