

REC'D OCT 12 1938

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

30636

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003 Registered No. 8073
(d) Street No. Christian Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rose Dott
(a) Residence, No. 3829 St Louis Ave St. 10
(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 Louis Dott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25th 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER 13. NAME Emil Heibert

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mr Louis Dott
(ADDRESS) 3829 St Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters DATE Sept 14th 1938

19. FUNERAL DIRECTOR (NAME) Stroot - Carroll
(ADDRESS) 4600 Natural Bridge Ave

20. FILED SEP 12 1938 J. B. Brueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938, to Sept 11, 1938

I last saw her alive on 9/10/38, 1938 Death is said to have occurred on the date stated above, at 4.40 a.m.

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

Empyema - Pneumonia
Myocarditis
Date of onset

Other contributory causes of importance:

Chronic Cholelithiasis of Gallbladder

Name of operation Amputation of Gallbladder Date of 9/8/38

What test confirmed diagnosis? Physician 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, 1938

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) Paul Bernhardt M. D.

(Address) 3719 W. Portland

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

Sheldon Callier

Licensed Embalmer No.

3382

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.