

REC'D MAY 10 1939

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

Do not use this space.

15945

1. PLACE OF DEATH

County St. Charles, Mo. Registration District No. 7600A
Township Wentzville Primary Registration District No. 4455
City Wentzville, Mo. St. _____ Ward _____

2. FULL NAME

(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 35 yrs. mos. 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 Edward Edders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdettown, Mo.

13. NAME George Rohrkasts

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

15. MAIDEN NAME Rosner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Knoll, Germany

17. INFORMANT (ADDRESS) Edward Edders, Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesburg, Mo. DATE 4-24 1939

19. UNDERTAKER (ADDRESS) T. F. Toner, M.D., Wentzville, Mo.

20. FILED Apr. 24 1939 Gertrude S. Terrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1:31-39, 1939, to 4-22-39, 1939

I last saw her alive on 4-22-39, 1939. Death is said to have occurred on the date stated above, at 4-10 P.M.

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

Multiple Sclerosis (of Cord)

Date of onset

Other contributory causes of importance:
Myocarditis

Name of operation None Date of _____

What test confirmed diagnosis? NO 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 _____, 1939

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) T. F. Toner - M.D., M. D.

(Address) Wentzville, Mo.

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.

