

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

Do not use this space.

REC'D JUN 1, 1939

791  
1008

17331

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. Barnard Skin and Cancer Hospital) Ward .....

File No. ....  
Registered No. 4865

2. FULL NAME

Rose Wilson  
(a) Residence, No. 2208 Ohio St. NR Ward. Grant City, Ill  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 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 William Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1891

7. AGE YEARS 48 MONTHS 3 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

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 .....

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

FATHER 13. NAME Charles Politt

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

MOTHER 15. MAIDEN NAME Mary Boyer

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

17. INFORMANT (ADDRESS) self

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville, Ill. DATE 5-31-39

19. UNDERTAKER (ADDRESS) Albert H. Hoppe, 4700 Washington

20. FILED MAY 29 1939 J. B. Budick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1939

22. I HEREBY CERTIFY That I attended deceased from April 24, 1939, to May 28, 1939.  
I last saw her alive on May 28, 1939. Death is said to have occurred on the date stated above, at 2:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of rectum (Date of onset 6 mo)  
Other contributory causes of importance: Postoperative shock

Name of operation Perineal section rectum Date of May 27, 39  
What test confirmed diagnosis? biopsy 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? no  
If so, specify .....  
(Signed) Harry Hauptman, M. D.  
(Address) Barnard Skin + Cancer Hosp.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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