

**MISSOURI STATE BOARD OF HEALTH 26708**  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1147  
Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....*St. Louis*.....

Registration District No. *791*  
Primary Registration District No. *1003*  
City.....*Hospital*..... # *1*

File No.....  
Registered No. *7897*  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. *918 Morrison* St., *22* Ward.  
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 15, 1914*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*17* *3* *0*

OCCUPATION 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) *St. Louis* (STATE OR COUNTRY) *Mo*

FATHER 13. NAME *Richard Kelly*  
14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Magdalena Katterbach*  
16. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Dominic Rosso*  
*918 Morrison*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Int. Blue Cem* DATE *July 18* 19*31*

19. UNDERTAKER (ADDRESS) *C. Hoffmeister & Co.*  
*2814 S. 11th Broadway*

20. FILED *7/16/31* Registrar

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH (MONTH, DAY, AND YEAR) *July 15* 19*31*  
I HEREBY CERTIFY, That I attended deceased from *7:00 P.M.* to *7:30 P.M.*

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at *5:40 P.M.*

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

*117 B*

Other contributory causes of importance:  
*Duodenal Ulcer*

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) *J. W. Kerner* M.D.  
*7/16/31* Registrar

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.

