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

Do not use this space.

16290

File No. 40

Registered No. .....

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160

Township Central — Primary Registration District No. 4470

City University City (No. 6608 Kingsbury Blvd. St. ..... Ward)

2. FULL NAME Jacob S. Rothschild

(a) Residence. No. 6608 Kingsbury St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 12, 1870

7. AGE: 57 YEARS — MONTHS: **** — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer): hat merchant

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Albert Rothschild

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER: Esther Wolff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT .....
(Address) Miss Elsie Rothschild
6608 Kingsbury

15. FILED 5-10 1927 — Lillian Bruns, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 9 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1927, to May 9, 1927, that I last saw him alive on May 9, 1927, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 D 7 A Broncho pneumonia
36
100 a

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Streptococcus Viridans Septicaemia

(duration) ..... yrs. ..... mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Maurice A. Frankenthal, M.D.

May 10, 1927 (Address) Sister Bld 4500 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Sinai — DATE OF BURIAL: 5/11/27 19

20. UNDERTAKER: Mayer — ADDRESS: 4356 Linde 11

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD