

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

Do not use this space.

7020

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1005
(No. 5786 Westminto)

File No.....
Registered No. 1588
St..... Ward.....

2. FULL NAME

(a) Residence. No. 5786 Westminto St., 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | married

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

Johanna Rosinsky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1852

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

75 | 0 | 6

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) Wife Ladies To name
(c) Name of employer

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

10. NAME OF FATHER Baruch Kammer

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

12. MAIDEN NAME OF MOTHER Antonine Vogtman

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

14. INFORMANT Max J. Kammer
(Address) 5786 Westminto St

15. FILED FEB 19 1928 Max J. Kammer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21st 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 12th 1928, to Feb 21st 1928, (that I last saw him/her..... alive on Feb 21st 1928, and that death occurred, on the date stated above, at 8:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Livers

4 1/2 yrs. 3 mos. 0 da. (duration)

CONTRIBUTORY (SECONDARY) 44 B
(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH... no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathol exam
(Signed) A M Frank, M. D.

, 19 (Address) 714 W. State Blvd

*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 Int Sinai DATE OF BURIAL 2/23 1928

20. UNDERTAKER Mayer ADDRESS 4356 Lindell

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.

Dr. A. in Fratic
Two Theatre Bldg.

Out Sinai Joseph Kanner!
