

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.

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

Do not use this space.

37327

**1. PLACE OF DEATH**

County..... Registration District No. 513  
 Township..... Primary Registration District No. 2-1-107  
 City St. Louis (No. Jewish Hospital)

File No. ....  
 Registered No. 9960  
 St. .... Ward)

**2. FULL NAME**

Rosa Posnansky  
 (a) Residence, No. 4818 Milentz St. 4 Ward.

(If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Max Posnansky</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1855</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>
	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) Austria 3

13. NAME Moses Oestreicher 8

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

15. MAIDEN NAME Anna Lederer

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

17. INFORMANT Frieda Cohn  
 (ADDRESS) 4818 Milentz

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Int. Jewish Cem. DATE Nov. 13 1932

19. UNDERTAKER H. Rindskopf  
 (ADDRESS) 5210 Delmond

20. FILED Nov 11 1932 Max C. Stanley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-32 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1-32, 1932, to 11-10-32, 1932.

I last saw him alive on 11-10-32, 1932. Death is said to have occurred on the date stated above, at 4:30 AM.

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

95B Bacterial pneumonia, fatal  
107A Coronary fibrillation  
95A Hypertension, fatal  
 Other contributory causes of importance: 107A  
 Date of onset 107A

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....., 1932

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) Carl J. Benfey, M. D.  
 (Address) Jewish Hospital

