

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 707
 Township..... Primary Registration District No. 2102
 City St. Louis (No. Jewish Hospital) St. Ward)

File No. 27882
 Registered No. 6926

2. FULL NAME

Rose Rosenbaum
 (a) Residence, No. 5707 McPherson, 5 Ward.
 (Usual place of abode) (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 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 Joseph Rosenbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1866

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|----------|-----------|--|
| | <u>67</u> | <u>6</u> | <u>27</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) New York N.Y.

13. NAME Louis E. Green

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

15. MAIDEN NAME Betsy Barringer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Joe Rosenbaum
 (ADDRESS) 5707 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE Aug. 11, 1933

19. UNDERTAKER H. Rindkoff
 (ADDRESS) 5216 Delmar

20. FILED 11 1933 J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/4, 1933 to 8/9, 1933

I last saw her alive on 8/9, 1933 Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Cerebral hemorrhage Date of onset 8/9
Arteriosclerosis
Hypertension
Chronic myocarditis
Cystadenoma of left ovary Design

Other contributory causes of importance:

Name of operation None Date of 9/1
 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) Harry Green M. D.
 (Address) Jewish Hospital, St. L. Mo.

RECORDING INFORMATION--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.

SEP 26 1933

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21.00112
Roses
F. 02344 P. 111

Handwritten notes, possibly including:
C. 02344 P. 111

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C. 02344 P. 111