

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

Do not use this space.

34766  
8931

**1. PLACE OF DEATH**

County St. Louis Registration District No. 701  
Township St. Louis Primary Registration District No. 100  
City St. Louis (No. Severid Hoops)

File No. 34766  
Registered No. 8931  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rose Ginsberg  
(a) Residence, No. 1339 Blackstone St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Max Ginsberg</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>Ob.</u>	<u>46</u>			
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) <u>Esterinast Russia</u>				
MOTHER	13. NAME <u>Jacob B.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
MOTHER	15. MAIDEN NAME <u>Fanny</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
17. INFORMANT <u>M. Ginsberg</u> (ADDRESS) <u>1339 Blackstone</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel of the Empire</u> DATE <u>10/17</u> 19 <u>33</u>				
19. UNDERTAKER <u>N. B. Bergant</u> (ADDRESS) <u>4715 N. Shawant</u>				
20. FILED <u>10 17 19</u> <u>J. Bredeck</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/28, 1933, to 10/15, 1933

I last saw her alive on 10/15, 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

<u>Carcinoma of stomach</u>	Date of onset
<u>Carcinoma of liver, metastatic</u>	
<u>46B</u>	
<u>46E</u>	

Other contributory causes of importance: 40

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 Gross M. D.  
(Address) Health Hospital, St. L. Mo.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2

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.

NOV 10 1933

RETURN