

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.

**NOV 15 1937**

**35770**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshlp..... Primary Registration District No. **1008**  
 City, St. Louis, Mo. (No. 1486 Blackstone St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Rosa Gottlieb

(a) Residence, No. 1486 Blackstone St., 6 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) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-13-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>74</u>	<u>11</u>	<u>22</u>	

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

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) AUSTRIA (STATE OR COUNTRY) HUNGARY

13. NAME MIRRISS PASTERNAK

14. BIRTHPLACE (CITY OR TOWN) AUSTRIA (STATE OR COUNTRY) HUNGARY

15. MAIDEN NAME FANNIE HAUSER

16. BIRTHPLACE (CITY OR TOWN) AUSTRIA (STATE OR COUNTRY) HUNGARY

17. INFORMANT Mrs Fred Hirsch (ADDRESS) 2521 Byron

18. BURIAL, CREMATION, OR REMOVAL CEM. PLACE B'NAI AMONKADATE DATE OCT. 7 1937

19. UNDERTAKER Herman Rindakoff (ADDRESS) 5216 DELMAR BLVD

20. FILED OCT 6 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1929, to Oct. 5, 1937

I last saw her alive on Oct. 5, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic myocarditis  
High blood pressure  
Third degree pro-  
lapsed aortic  
non-malnutrition

Date of onset	<u>8 years</u>
"	"
"	"

Other contributory causes of importance: 93C

Name of operation None 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) Percy H. Swahlen, M. D.  
 (Address) Metropolitan Bldg St. Louis

