

REC'D MAY 6 1938

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

15866  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 113-  
(c) City University City (d) Street No. 1071 Midland Blvd. Registered No. 761  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Clara Rosenbaum 751

(a) Residence, No. 1071 Midland Blvd. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Henry Rosenbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 2 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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) Labadie Mo.

FATHER 13. NAME Ernest Thiebes

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Rosenbaum  
(ADDRESS) 1071 Midland Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4-29, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary  
(ADDRESS) 4228 So. Kingshighway

20. FILED 4-28, 1938 E. K. Meyer M.D. Reg. No. 707 (Address) 240. Riverside Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1938, to 4-26, 1938.  
I last saw her alive on 4-26, 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Coronary Thrombosis  
Acute Myocarditis

Date of onset 1 day  
4 hrs

Other contributory causes of importance: 93C  
Chronic Myocarditis 10 yrs

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? phys. Was there an autopsy? No

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? No  
If so, specify Scott's Amputation M. D.  
(Signed) \_\_\_\_\_

8-19  
6-8  
Evangeline 4940

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**