

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100827609
Do not use this space.

Registered No. 7623

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Jewish Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME Rozelle Morganstern 625

- (a) Residence, No. 761 Westgate St. NR K. City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 19117. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 11 12

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At School
 9. Industry or business in which work was done, as 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) St. Louis
(STATE OR COUNTRY) MissouriFATHER 13. NAME Harry L. Morganstern14. BIRTHPLACE (CITY OR TOWN) Roumania
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Sarah Levy16. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Maryland17. INFORMANT Mr. O. Morganstern
(ADDRESS) 612 Leland18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 8/28, 193819. FUNERAL DIRECTOR (NAME) H. B. Berger
(ADDRESS) 4715 McPherson Ave20. FILED AUG 27 1938
J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 193822. I HEREBY CERTIFY, That I attended deceased from 11 38 Aug 26, 1938
Feb to Aug 26, 1938
I last saw him alive on Aug 26, 1938 Death is saidto have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:Cerebellar abscess, it
caused by old mastoid
non epidemic
Date of onsetOther contributory causes of importance: g9bName of operation Drainage of abscess Date of Aug 9, 1938
What test confirmed diagnosis? Was there an autopsy? yes23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Dr. Fred Feldman M. D.
(Address) 75 W. Chestnut

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, Me

H. I. Berger, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed



Licensed Embalmer No. 1597

P.O. Address _____

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

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