

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

31600
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. 1103 E. 8TH ST 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 LOUIS ROSENBERG
 (a) Residence, No. 1201 ADMIRAL 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 MALE **4. COLOR OR RACE** WHITE **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 17 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>1</u>	<u>3</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN
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) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER
13. NAME BENJAMIN ROSENBERG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

MOTHER
15. MAIDEN NAME BERTHA SAMPTER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT (ADDRESS) HERMAN ROSENBERG 612 E 71ST TERR, ITCMO.

18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD **DATE** Sept 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.P. LOUIS FUNERAL CITY

20. FILED Sept 21 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1939, to Sept 12, 1939
 I last saw him alive on Sept 12, 1939 Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
9445
 Other contributory causes of importance:
Ch. Alcoholism

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) P. De Maria, M. D.
 (Address) 1408 W. Alderson St.

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.

1 X 1065

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.....

Licensed Embalmer No.....

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.