

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis (NO. 2820-a Gamble St. 19 Ward)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 791File No. 8761Primary Registration District No. 1003Registered No. 2082

FULL NAME

Rose Morganstein

(If death occurred in hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX

female

COLOR OR RACE

whiteSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)married

DATE OF BIRTH

ab
1868
(Month) (Day) (Year)

AGE

ab
42 yrs. mos. ds. if LESS than
1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Russia

NAME OF FATHER

Morris Fuchlander

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Russia

MAIDEN NAME OF MOTHER

unk

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mogrenstein

(ADDRESS)

1219 N. 12 St.

Filed

FEB 26 1911W. H. Belli Bond

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 25 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Feb 22, 1911, to Feb 25, 1911,that I last saw her alive on Feb 24, 1911,and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Stomach)46 B(Duration) 1 yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. mos. ds.

(Signed)

Major J. E. Stearns M. D.
Feb 25, 1911 (Address) 6 S. Chestnut

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. mos. ds. In the State _____ yrs. mos. ds.

Where was disease contracted
if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Chestnut Street Unit Feb 26, 1911

UNDERTAKER

ADDRESS

H. B. Bergea 2125 car

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.

