

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

Do not use this space.

12922

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Anglem (No. Jewish Sanitarium)

Registration District No. 789  
Primary Registration District No. 6033B-

File No. \_\_\_\_\_  
Registered No. 41  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rose Cooper Smith  
(a) Residence No. 2117 Oak St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 19 25

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

17. I HEREBY CERTIFY That I attended deceased from April 26, 1925, to April 22, 1925, and that I last saw her alive on April 22, 1925, and that death occurred, on the date stated above, at 4:50 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1867

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 11 6

Cerebral hemorrhage with paralysis  
82A 10 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY) Chronic Pleurisy - Bronchitis  
3 yrs. - mos. - ds.

9. BIRTHPLACE (CITY OR TOWN) Russia  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Jewish Sanitarium of St. Louis  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

10. NAME OF FATHER Martin Goldstein

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia  
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Peter Simon M.D., M.D.

12. MAIDEN NAME OF MOTHER Sarah Goldstein (ne) 7 1/2 3, 1925 (Address) Jewish Sanitarium of St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, the (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia  
(STATE OR COUNTRY)

14. INFORMANT Sam Cooper Smith  
(Address) 4713 Newberry Ter.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cherred Shel Emeth DATE OF BURIAL 4-23 1925

15. FILED 4/1/25 1925 Dr. Polla Oracy REGISTRAR

20. UNDERTAKER H. Rindskloff ADDRESS 8216 Delmar

WRITE PAINFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
K. 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.

