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

Do not use this space.

6135

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. 5523 Louisiana Avenue. St. ..... Ward)

File No. 1521

Registered No. .....

**2. FULL NAME** Rosa Maybaum

(a) Residence. No. 5523 Louisiana Ave. St., 15 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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13. 1852.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 | 11 | 22 | |

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

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

PARENTS

10. NAME OF FATHER Frank Lechner

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

12. MAIDEN NAME OF MOTHER Anna M. Bruenell

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

14. INFORMANT Fran R. Maybaum (Address) 5523 Louisiana Avenue.

15. FILED FEB -7 1927 Max C Stark Coff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 2/5

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/5 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/6, 1926, to 2/5, 1927, that I last saw her alive on 2/5, 1927, and that death occurred, on the date stated above, at 6 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6 30 PM

Terminal Broncho Pneumonia

10 PM

5 PM (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arthritis Deformans

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000 —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) H A Schmeisser, M. D

2/7, 1927 (Address) 6811 Grover

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cemetery

DATE OF BURIAL Feb. 8. 1927

20. UNDERTAKER J H Gebhen L. and N. Co

ADDRESS 2842 Meramec

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.