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

Do not use this space.

22249

File No. 6431

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. 2935 Dickson St. Ward)

2. FULL NAME Rose Tribeman

(a) Residence. No. (Usual place of abode) St., 21 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and State)

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: Joseph Tribeman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): not known

7. AGE — YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
about 50			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(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): Russia

PARENTS

10. NAME OF FATHER: Wolf Friedmantz

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY): Russia

12. MAIDEN NAME OF MOTHER: Sprinza Bubitz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY): Russia

14. INFORMANT: Fannie Tribeman

(Address) 2935 Dickson St.

15. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 16 1928

17. I HEREBY CERTIFY, That I attended deceased from December 10, 1927, to June 2, 1928, that I last saw h.... alive on June 2, 1928, and that death occurred, on the date stated above, at 5 ....M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

57

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus

(duration) 6 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Leon Bromberg, M.D

6-17, 1928 (Address) 3720 Washington

*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: Beheved Shel Emeth — DATE OF BURIAL: June 18 1928

20. UNDERTAKER: A. Rindskopf — ADDRESS: 5716 Delmar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.