MAY 2 1929

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

Do not use this space.

12223

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No. 31
Township Central — Primary Registration District No. 4470 — Registered No.
City University City (No. 6305 Cates St. Ward)

2. FULL NAME Lena Rosenberg
(a) Residence. No. 6305 Cates Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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 Samuel Rosenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/8/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	11	

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 8

PARENTS
10. NAME OF FATHER Johana Levey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Simon Levy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Augusta Rosenberg 6305 Cates

15. FILED 3/20 1929 Marie Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1928, to Mar 18, 1929, that I last saw her alive on Mar 18, 1929, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis. 93C 97

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Louis J. Walfort, M.D.
Mar 20, 1929 (Address) 314 Chemical Bldg

*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	DATE OF BURIAL
Mt. Sinai Cemetery	Mar. 20, 1929

20. UNDERTAKER	ADDRESS
Mayer	4356 Lindell Blvd

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.