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

Do not use this space.

File No. 16266
Registered No. 4305

1. PLACE OF DEATH

County ..... Registration District No. 701
Township ..... Primary Registration District No. 7008
City St Louis (No. Jewish Hosp St., ... Ward)

2. FULL NAME Harry D Rosenberg

(a) Residence. No. 6249 N. Rosebury St., 5 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 23 1884 ~~Apr 23, 1880~~

7. AGE: Years 45 ~~48~~ | Months 0 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Broker
(b) General nature of industry, business, or establishment in which employed (or employer): Real estate + loans
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Joseph Rosenberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Tube Kaulick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

14. INFORMANT A. Rosenberg
(Address) (613) N Montwood

15. FILED ..... 12 ..... 19 ..... Kay C Walker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from 4.5.1929, 19..., to 4.12.1929, 19..., that I last saw him alive on 4.12.1929, and that death occurred, on the date stated above, at 3 30a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis - Coronary Artery
94 R
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 0
(duration) ..... 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) Ernst Jonas, M. D
4.12.1929 (Address) 4531 Taylor

*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: Bnai Amoona — DATE OF BURIAL: Apr 15 1929

20. UNDERTAKER: H B Berger — ADDRESS: 4715 McPherson

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.

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