

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

Do not use this space.

14573

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis - Mo - (No. Jewish Hospital)

Registration District No. 791  
Primary Registrar District No. 1003

File No.....  
Registered No. 3923  
St..... Ward.....

**2. FULL NAME** Mrs. Jennie Rosner

(a) Residence. No. 5585 Bantmer St. 5 Ward.....  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? 25 yrs. 5 mos. 5 ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) you married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Henry M. Rosner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 - 1 9

**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) Duana  
(STATE OR COUNTRY) Russia

10. NAME OF FATHER Sal. Koen

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

12. MAIDEN NAME OF MOTHER Bessie Baker

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

14. INFORMANT Max Novack  
(Address) Prudalton & Page

15. FILED APR 20 1930 Mrs. C. Hendry REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/19/30 19

17. I HEREBY CERTIFY, That I attended deceased from 2/28/30, 19, to 4/19/30, 19, that I last saw him alive on 4/19/30, 19, and that death occurred, on the date stated above, at 6:05 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Benign tumor of abdomen  
post-operative fecal fistula  
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) perforation  
(duration) ? yrs. ? mos. 10 ds.

18. WHERE WAS DISEASE CONTACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/31/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Exploratory  
(Signed) W. Beckel, M. D.

, 19 (Address) Jewish Hospital

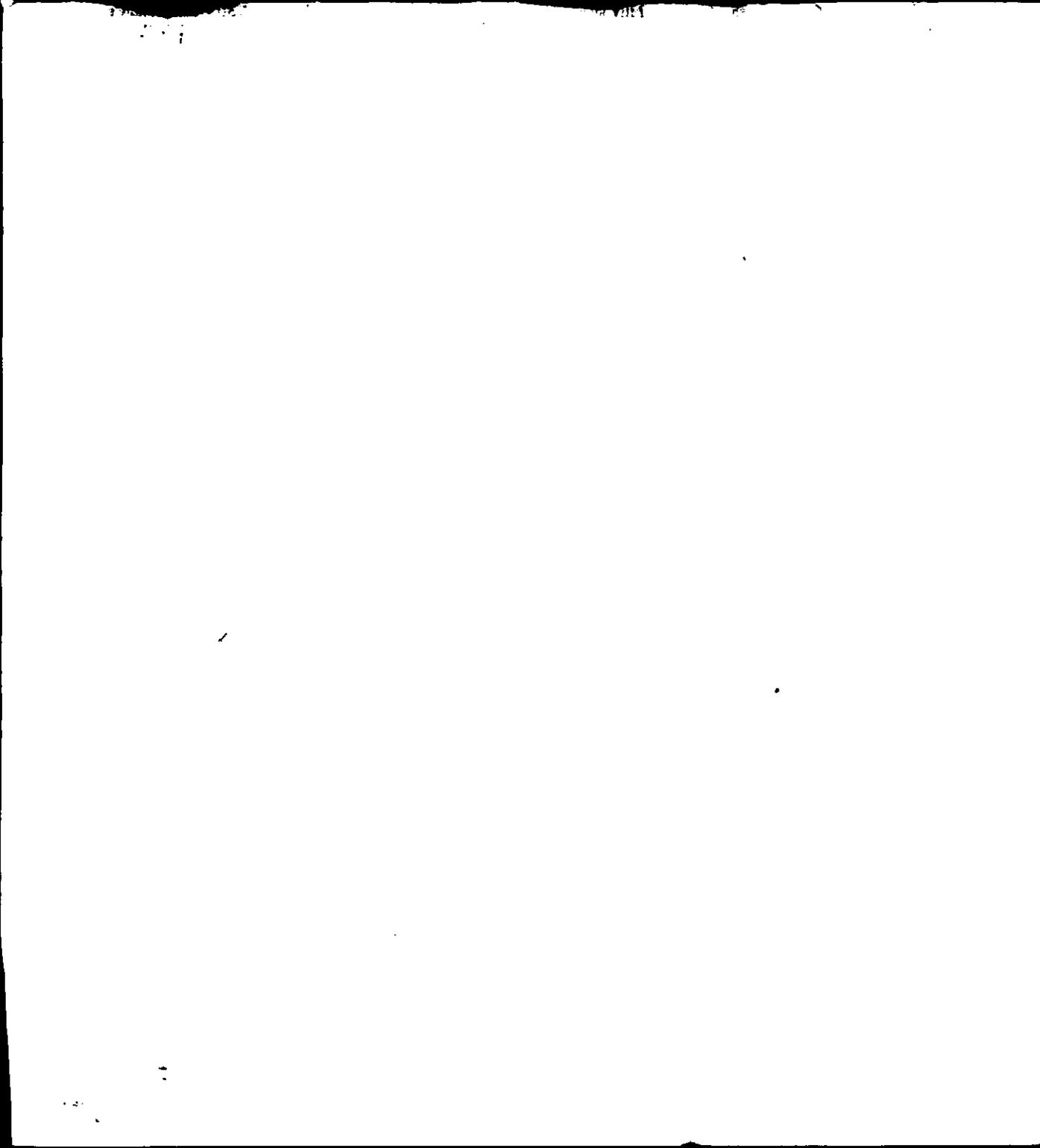
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Chesna Kadisha DATE OF BURIAL Apr 21 1930

20. UNDERTAKER Benhandler ADDRESS 4822 East

N. B.—Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



ated by check marks, lacking from the death certificate:

# 3923

Name: Mrs. Fannie Rosner

Who died at: St. Louis Mo. on April 19, 1930

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Benign tumor of abdomen  
Post operative Fecal Fistula

Contributory: Peritonitis, Primary sect.

unknown information given over Phone by Dr. Eckert

Where was disease contracted? Div. of V.S. 3-16-31

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

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