

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

Do not use this space.

38020

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 1785) Shawmut St. _____ Ward)
2. FULL NAME Rose Bierman
 (a) Residence. No. _____ St. 6 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.

File No. _____
 Registered No. 11173
 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>ab</u>	<u>02</u>			

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) Sheringau
 (STATE OR COUNTRY) Russia

10. NAME OF FATHER Levi Isaac Rifkin

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

12. MAIDEN NAME OF MOTHER Mary Fishburn

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

14. INFORMANT J. Bierman
 (Address) 1275 Shawmut

15. FILED Nov 26 1930 Max C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Nov 25, 1930, that I last saw h. or alive on Oct 4, 1930, and that death occurred, on the date stated above, at 2 30 P. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cornary thrombosis
94 15 (duration) _____ yrs. _____ mos. 1 ds.
94 15
1930 Chronic myocarditis
 (SECONDARY) (duration) 5 yrs. _____ mos. _____ ds.

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

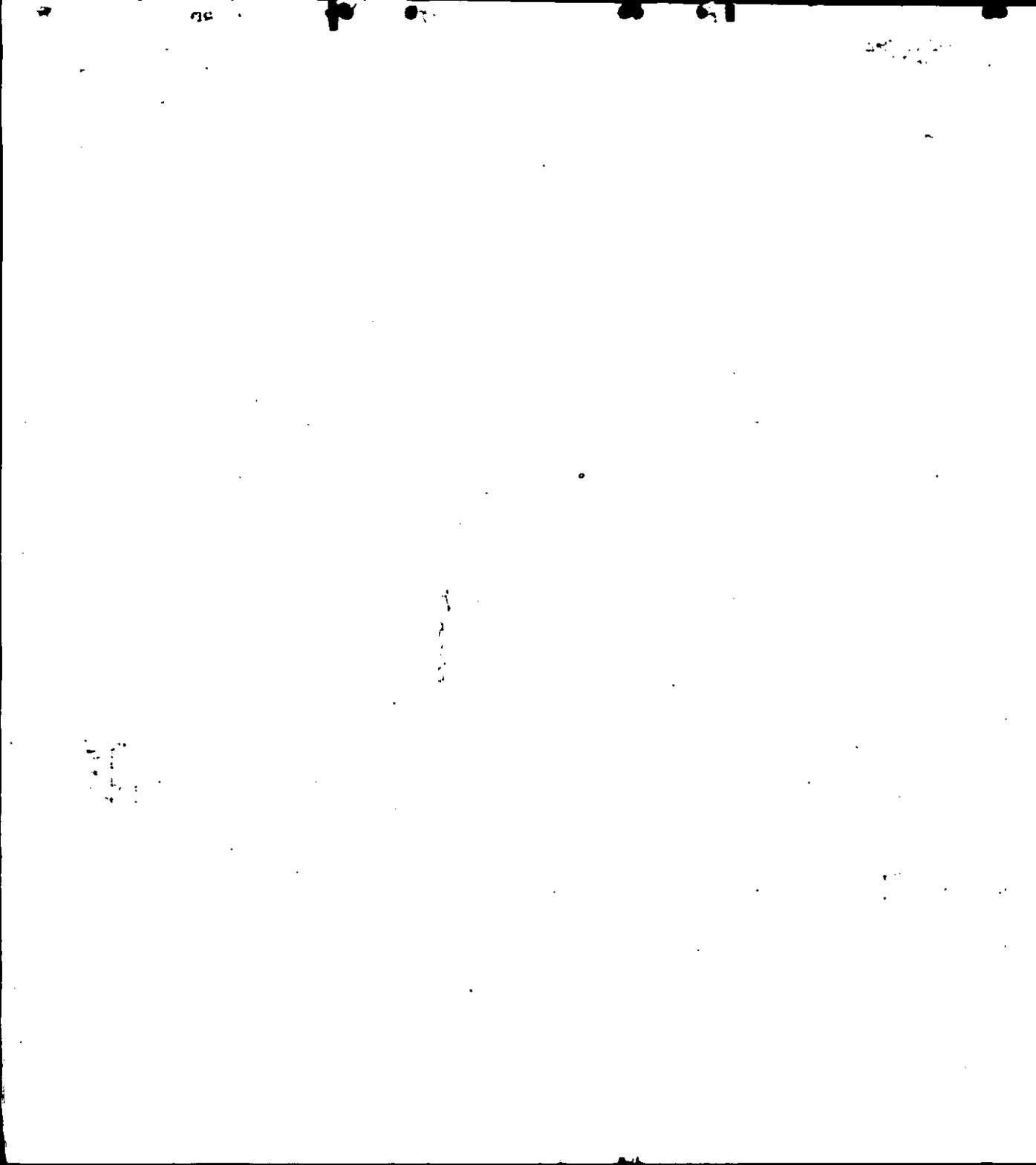
19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
20. WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Albert Tauszig, M. D.
11/26 1930 (Address) 3720 Washington ave.

*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 Interred St. Emeth DATE OF BURIAL 11/27 1930
20. UNDERTAKER H. P. Berger ADDRESS 4715 McCheson

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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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 11173
City..... (No.....) St. Ward)

2. FULL NAME Rose Bierman

(a) Residence. No..... St., 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. da. 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)

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) Lucy C. Barbery

15. FILED 1 1907 19. Lucy C. Barbery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1930

17. I HEREBY CERTIFY That I attended deceased from June 28 to Nov 28, 1930 that I last saw h. a. w. alive on Oct. 27, 1930, and that death occurred, on the date stated above, at 2:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congestive thrombosis (duration) yrs. mos. 1 da.

CONTRIBUTORY Angina pectoris (SECONDARY) (duration) yrs. 6 mos. da.

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.....

(Signed) Albert E. Tausch, M. D.

Nov 28, 1930 (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 DATE OF BURIAL

19

20. UNDERTAKER N. B. Berger ADDRESS 4715 McPherson

SUPPLEMENTARY

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-3820