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.

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

Do not use this space.

15728

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. Mo. Capt. Hospt. St. ..... Ward)

File No. .....

Registered No. 4175

2. FULL NAME Herbert Ben Rotenberg

(a) Residence. No. 1101 Biddle St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 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): School Boy

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1926

7. AGE: 4 YEARS | MONTHS: 10 | DAYS: 8 | 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) School Boy

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

PARENTS

10. NAME OF FATHER Ben Rotenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia 25

12. MAIDEN NAME OF MOTHER Rose Kitchen

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

14. INFORMANT Jacob Kitchen
(Address) 1101 Biddle

15. FILED APR -6 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-5- 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-5-31, 19..., to 4-5-, 1931 that I last saw him alive on 4-5-, 1931, and that death occurred, on the date stated above, at 1:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epidemic Meningitis
meningococcic
18 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Primary
18 (duration) ..... 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? Physical Physical

(Signed) M. J. Fuchs, M. D.

4-5-, 1931 (Address) 5802 Easton

*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: Chesed Shel Emeth

DATE OF BURIAL: Apr. 6 1931

20. UNDERTAKER: Ben Handler

ADDRESS: 4822 Easton Ave