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.

39206

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11383

City St Louis Mo (No. Home - 1433 - Blackstone St. ..... Ward)

2. FULL NAME Hyman Rosen

(a) Residence, No. 1433 Blackstone St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Rachel Rosen

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

7. AGE: about 68 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Nov - 7 - 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

FATHER

13. NAME: Joseph Melomid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Dora Shanker 1433 Blackstone

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE Nov - 13 1931

19. UNDERTAKER (ADDRESS): Ox Enhandler 4870 Easton Ave

20. FILED Nov 12 1931 Max C Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1931, to Nov. 11, 1931
I last saw him alive on Nov. 11, 1931. Death is said to have occurred on the date stated above, at 12 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
74A	
77	

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. Spector, M. D.
(Address) 5720 Easton Ave.