

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

Do not use this space.

14050

**1. PLACE OF DEATH**

County.....

Registration District No. 78

Township.....

Primary Registration District No. 1008

City St. Louis (No. City Hospital)

File No. ....

Registered No. 3378

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4516 St. Ferdinand St., Ward 11  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. min.  
ab 60 2 Unknown or .....min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

13. NAME Rubin Rosenthal

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

15. MAIDEN NAME Sarah Levine

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

17. INFORMANT (ADDRESS) Neoperal information

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) buried in the earth DATE 4/6 1932

19. UNDERTAKER (ADDRESS) H. G. Berger

20. FILED APR 15 1932 St. Louis Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 28th 1932, to April 5th 1932

I last saw him alive on April 5th 1932 Death is said to have occurred on the date stated above, at 11:0 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
81  
81  
Transverse myelitis  
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? No.

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) Wm. J. Francis, M. D.

(Address) St. Louis #1

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.

THIS IS A PERMANENT RECORD

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