

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

Do not use this space.

17825

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. 3640 Marine Ave., U.S. Marine Hospital. St. 10 (Ward)

File No.....
Registered No. 4779
St. 10 (Ward)

2. FULL NAME Charles Rosenthal

(a) Residence, No. 4936 Palm Street, St. 6 Ward.
(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? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1911				
7. AGE YEARS 21	MONTHS 1	DAYS 14	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dish washer 44			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washing dishes on river Steamer			
	10. Date deceased last worked at this occupation - month and year. April 19, 1932 11. Total time (years) spent in this occupation. 11 Mo.			

12. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Herman Rosenthal**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Mary Elizabeth Heckel**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) Dr. J. T. Delougherty, U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedberg DATE May 17, 1932

19. UNDERTAKER (ADDRESS) Math Hermann & Son, 2141 S. Main St., St. Louis, Mo.

20. FILED MAY 16 1932 Registrar St. Louis, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1932, 19, to May 14, 1932, 19.
I last saw him alive on May 14, 1932, 19. Death is said to have occurred on the date stated above, at 1:10 A.M.

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

Thrombosis, infective, right lateral sinus with embolism. Date of onset May 13, 1932

Other contributory causes of importance:
Mastoiditis, acute, right Date Apr. 17, 1932

Name of operation Mastoid, right Date of 4-29-32
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
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? No
If so, specify.....

(Signed) J. T. Delougherty, M.D., U.S.P.H.S. M. D.
(Address) U.S. Marine Hospital, St. Louis, Mo.
Certified: St. Louis, Mo. off. Charles

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.

