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.

21572

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 6149

City St. Louis Mo. (No. Lutheran Hosp. St. ..... Ward)

2. FULL NAME Rosa Kahn

(a) Residence, No. 3421 California St., 24 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.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug, 4, 1860

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 71 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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)
11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Solomon Kahn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Henrietta Rindskopf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Adolph Kahn 3710 Bamberger

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Sinai DATE 7/3/32 19

19. UNDERTAKER (ADDRESS): Mayer 4356 Lindell Blvd

20. FILED JUL -2 1932 19 Max C Starkey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1932

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:20 P.m.

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

178C
59
1112 Fuel Gas Poisoning due to being overcome by fumes from gas stove at residence, June 24, 1932.

Date of onset

Other contributory causes of importance: Diabetes, Hypostatic Pneumonia

Accident

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? Accident Date of injury 6/24, 1932

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Overcome by fumes from gas stove

Nature of injury Fuel Gas Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm V Dever, M.D.

(Address) Coroner