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.

24097

File No. 6156
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 921
Township ..... Primary Registration District No. 923
City St. Louis (No. 5627 St. Louis Ave. St. ..... Ward)

2. FULL NAME Rebecca Tanenbaum

(a) Residence, No. 5627 St. Louis St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	4	25	

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. 35
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) Poland

FATHER
13. NAME Jacob Singer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Jennie Topper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Mrs. Dora Klein
(ADDRESS) 4704 Mesberry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chevra Chel Emeth DATE 7/3 1932

19. UNDERTAKER N. B. Berger
(ADDRESS) 4715 Delmar

20. FILED JUL 3 1932 [illegible] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to July 1st 1932
I last saw her alive on July 1st 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1910
O.C.B.	
1.4 / 1.3 / O.C.B.	

Other contributory causes of importance:
Ch. Emphysema
Ch. Bronchitis

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray ..... 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? no
If so, specify .....
(Signed) Elmer Rickman, M. D.
(Address) 4500 Olive St. Louis Mo