

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

Do not use this space.

7088

1. PLACE OF DEATH

County St. Louis Registration District No. 285-
 Township Central Bankers Registration District No. 6031
 City Kirkwood (No. North Seyer Rd.) St. _____ Ward _____

2. FULL NAME Martin Rosenfeldt

(a) Residence, No. N. Sunnyside Ave St. _____ Ward Kirkwood Mo
 (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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1835

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
97 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Mo

MOTHER FATHER 13. NAME Andrew Rosenfeldt

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Lena Wagner
 (ADDRESS) Rebsburgers R.R. #5

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters (Rwd.) DATE 1/15, 1933

19. UNDERTAKER Louis Hopp
 (ADDRESS) Kirkwood Mo

20. FILED 2-13 1933 H. E. Barnett M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-, 1933

I HEREBY CERTIFY, That I attended deceased from February 11th, 1933, to February 13th, 1933

I last saw him alive on February 11th, 1933. Death is said to have occurred on the date stated above, at 4:35 A. M.

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

Cerebral Haemorrhage Date of onset Feb 11th
92
 Other contributory causes of importance: Valvular disease of heart 1928

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) Henty D. Thompson M. D.
 (Address) 125 E. Adams, Kirkwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

