JAN 26 1934

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

Do not use this space.

42124

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. Jewish Hospital St. ..... Ward)

File No.....

Registered No. 11195

2. FULL NAME CORN MRS. ROSE

(a) Residence, No. 3277 Geyer St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. .. mos. .. ds. How long in U. S., if of foreign birth? 13 yrs. .. mos. .. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
F	W.	WIDOWED

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62				

OCCUPATION

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

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) Dec 20-1933 11. Total time (years) spent in this occupation 13 yrs

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

FATHER

13. NAME Kilel Goldfarb.

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

MOTHER

15. MAIDEN NAME Zesel Goodhouse

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

17. INFORMANT Evelyn Corn
(ADDRESS) 3277 Geyer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE Dec. 29 1933

19. UNDERTAKER Oehlhandler Funeral Dir.
(ADDRESS) 4469 Washington

20. FILED DEC 29 1933 J. F. Bredeck
Registrar.

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.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1933 to 12-28, 1933

I last saw her alive on 12-28 1933 Death is said to have occurred on the date stated above, at 4 40 m.

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

	Date of onset
CANCER OF THYROID	
E3E	
93C	
102	

Other contributory causes of importance:

CHR. MYOCARDITIS	
HYPERTENSION	

Name of operation — Date of .....

What test confirmed diagnosis? ..... 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) Carl Oakfield, M. D.

(Address) Jewish Hospital