

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

Do not use this space.

File No. **29605**
 Registered No. **4022A**
 St. **St. Louis** Ward

SEP 20 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township St. Louis Primary Registration District No. 1002
 City St. Louis (No. 1201 Admiral Blvd)

2. FULL NAME

Bertha Rosenberg Ward. _____
 (a) Residence, No. 1201 Admiral Blvd (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 <u>fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>aprox 59</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Russia</u>		
13. NAME <u>Myer Santes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
17. INFORMANT <u>M. Rosenberg</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Schepfield Cem</u> DATE <u>8-31-34</u>		
19. UNDERTAKER <u>H. Pegerman & Sons</u> (ADDRESS) <u>St. Louis</u>		
20. FILED <u>8/30</u> 19 <u>34</u> M. M. <u>Crowe</u> <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from two to three years 1934
 I last saw her alive on Aug 30 1934 Death is said to have occurred on the date stated above, at 6:30 PM.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arterio Sclerosis
Diabetic Mellitus
General Hypertension
Chronic Nephritis
 Other contributory causes of importance: _____
 Name of operation _____
 What test confirmed diagnosis? Chest 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? No
 If so, specify _____
 (Signed) Carl F. Ferris M. D.
 (Address) 934 August Blvd

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.

THIS IS A PERMANENT RECORD

