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.

MAR 25 1935

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

Do not use this space.

7406

File No. 1834

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1438 East Grand Ave St. Ward)

2. FULL NAME Rosa Korman

(a) Residence, No. 1438 East Grand Ave., 9 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): Widow

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

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

7. AGE: About 73 (Years) | Months: - | Days: - | If LESS than 1 day, ...hrs. or ....min.

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) Volhynia U.S.S.R. 23

FATHER

13. NAME Abraham Fishman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

MOTHER

15. MAIDEN NAME Sarah Unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

17. INFORMANT Sol Weinberg
(ADDRESS) 6221 Rosebury

18. BURIAL, CREMATION, OR REMOVAL Chevred-Shel-Emeth DATE Feb 25th 1935

19. UNDERTAKER H. B. Berger
(ADDRESS) 4715 McPherson Ave

20. FILED FEB 25 1935 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933, to Feb. 19, 1935

I last saw her alive on 2/19, 1935. Death is said to have occurred on the date stated above, at 2 p.m.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy 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) E. J. Cloff, M. D.

(Address) 643 Ins. Bldg