APR 2 1935

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

Do not use this space.

85

8176

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 349

City: St. Joseph, Mo. (No.: 2311 So. Fifteenth St. Ward)

2. FULL NAME: Herman Rositzky

(a) Residence, No.: 2311 So. Fifteenth St. 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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 26, '58

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	4	28	

OCCUPATION

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

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): Unknown Russia

FATHER

13. NAME: Herman Rositzky

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

MOTHER

15. MAIDEN NAME: Lottie (Unknown)

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

17. INFORMANT (ADDRESS): Wm. Rositzky 2311 So. 15th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shaare Sholem DATE: Mar. 25, 1935

19. UNDERTAKER (ADDRESS): Fleeman Mortuary

20. FILED 3-25, 1935 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935, to March 24, 1935
(last saw h. alive on March 24, 1935. Death is said to have occurred on the date stated above, at 1:55 m. P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic endocarditis	
131	

Other contributory causes of importance:

Arteriosclerosis	
Hypertension	
Chronic interstitial nephritis	

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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: No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) S. Freund, M. D.
(Address) Kirkpatrick-Belz

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.