

JUN 12 1935

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

Do not use this space.

15086

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis, Mo.* (No. *500 So. Kingshighway*)

File No.....

Registered No. **3980**

St. Ward)

2. FULL NAME *Estelle Rosenberg*

(a) Residence, No. *4656 Grevaik St.*, **15** Ward.

Length of residence in city or town where death occurred yrs. **8** mos. **17** ds. How long in U. S., if of foreign birth? yrs. **8** mos. **17** ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *child*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/30/35*, 19 **35**

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

22. I HEREBY CERTIFY, That I attended deceased from *April 27*, 19 **35**, to *April 30*, 19 **35**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 13, 1924*

I last saw h. w. alive on *April 30*, 19 **35** Death is said to have occurred on the date stated above, at *9 1/2 a.m.*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **8** **17**

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

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

Purpura Broncho pneumonia
no other disease

Date of onset *4/24/35*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

Other contributory causes of importance: *staphylococcal empyema*

13. NAME *Eus Rosenberg*

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Poland*

What test confirmed diagnosis? *Throat smears* Was there an autopsy? *no*

15. MAIDEN NAME *Annie Mamrock*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Poland*

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *The wife* (ADDRESS) *500 So. Kingshighway*

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chevrak Radiska* DATE *May 1, 1935*

Nature of injury.....

19. UNDERTAKER *Oxenhauser Funeral Dir.* (ADDRESS) *4469 Washington Blvd.*

24. Was disease or injury in any way related to occupation of deceased? *no*

20. FILED *MAY - 1 1935* *J. F. Gredek* Registrar.

If so, specify (Signed) *J. C. Hudson*, M. D. (Address) *St. Louis C.H. Hosp.*

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.

