

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

Do not use this space.

15200

JUN 4 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Town Central Primary Registration District No. 4470
 City University City 7108 Pulaski St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7108 Pulaski Ave 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1892

7. AGE YEARS 43 MONTHS 3 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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) Hamilton Kansas

13. NAME Selig Goldstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas Lithuania

15. MAIDEN NAME Mirel Sidon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas Lithuania

17. INFORMANT (ADDRESS) Mrs. L. Gronow 7108 Pulaski

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit Mich DATE 4/20 1935

19. UNDERTAKER (ADDRESS) H. Berger 4915 McPherson

20. FILED April 27 1935 Lisa V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to April 25, 1935

I last saw her alive on April 25, 1935. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Cancer of the Thyroid gland 2/1/35
Cancer of the lung, bilateral 3/1/35

Other contributory causes of importance:

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) Arthur E. Tausz, M. D.

(Address) 3720 Washington

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.

