JAN 15 1936

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

Do not use this space.

38690

File No. 85

Registered No. 1361

Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH

County BUCHANAN

Township

City S.T. JOSEPH, MO. (No. 112 SO. 16 th. St. Ward)

2. FULL NAME JACOB ROSENBERG

(a) Residence, No. 112 SO. 16 th. 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	HEBREW	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1877 Jan. 12 th.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	58	11	13	

OCCUPATION

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

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) LUMSA, POLAND

FATHER

13. NAME LITTMAN ROSENBERG

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LUMSA, POLAND

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Unknown

17. INFORMANT BERTHA ROSENBERG
(ADDRESS) 112 S. 16 th.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SHARRE SHOLEM DATE DEC. 25 th. 1935

19. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS) 1946 CALHOUN

20. FILED 12-24 1935 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on Dec. 24, 1935. Death is said to have occurred on the date stated above, at 14 A.m.

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

Cerebral Apoplexy — Date of onset 12-17-35

Other contributory causes of importance: Prostatic Hypertrophy, Uremia

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? No

If so, specify

(Signed) Nathan Epstein, M. D.

(Address) 620 Francis

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 INKING INK—THIS IS A PERMANENT RECORD