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

Do not use this space.

32680

SEP 15 1936

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. ....., Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 8553

2. FULL NAME Rose Fenstenman

(a) Residence, No. ..... St., N R Ward. Brighton Ill
(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.

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

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: William Fenstenman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18, 1878

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 | 1 | 23 | |

OCCUPATION

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

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): Bunker Hill Township Illinois

FATHER

13. NAME: Henry Gabriel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): William Fenstenman Bunker Hill, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Foster Township, Ill DATE 8/14/36, 19

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc 429 N. Euclid Ave.

20. FILED AUG 17 1936, 19 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/11/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-6-, 1936, to 8-11-, 1936.

I last saw h. alive on 8-11-, 1936. Death is said to have occurred on the date stated above, at 10 40 P. m.

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

| | Date of onset |
|---|---|
| Pemphigus foliaceus | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arteriosclerosis, generalized

Arteriosclerotic Ht. Disease

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) A. B. Finney, M. D.

(Address) Barnes Hospital

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