NOV 4 1936

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

Do not use this space.

36216

File No.

Registered No. 9893

1. PLACE OF DEATH

County

Township

City St. Louis (No. Christian Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1093

2. FULL NAME Frances H. Rosenbaum

(a) Residence, No. Larimore Rd. St., N. K. Ward. St. Louis County
(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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip Rosenbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	4	9	

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) Elizabeth N.J.

FATHER

13. NAME Henry W. Hoover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.J.

MOTHER

15. MAIDEN NAME Louise Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.J.

17. INFORMANT Philip Rosenbaum
(ADDRESS) Larimore Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Sinai Cem. DATE Oct. 2, 36

19. UNDERTAKER H. Rindskopf
(ADDRESS) 5212 Delmar Blvd.

20. FILED OCT 1 1936, 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 29, 19 36

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 17, 1936, to SEPT. 29, 1936

I last saw her ER alive on SEPT. 29, 1936. Death is said to have occurred on the date stated above, at 9:15P m.

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

	Date of onset
APPENDICITIS	SEPT. 16, 1936

121

Other contributory causes of importance:
ACUTE MYOCARDITIS

Name of operation APPENDECTOMY Date of ~~1936~~ SEPT. 18,

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? NO 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 NO

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A. Van Hoefer, M. D.

(Address) 8313 HALLS FERRY RD. CITY

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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