

DEC 4 1936

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

Do not use this space.

39967

1. PLACE OF DEATH

County St. Louis
Township W. Clayton
City W. Clayton (No. 7145 Pershing Ave)

Registration District No. 1160
Primary Registration District No. 4470

File No. _____
Registered No. 97
St. _____ (Ward)

2. FULL NAME

Ida Marks Rosenthal

(a) Residence, No. 7145 Pershing 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abe. Rosenthal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 1 23

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) St. Louis Mo.

13. NAME Alexander Marks

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

15. MAIDEN NAME Johanna Nathan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Mignon Rosenthal
(ADDRESS) 7045 Pershing Ave

18. ~~HUSBAND~~ CREMATION, OR REMOVAL

PLACE Valhalla DATE 10/6/36 19

19. UNDERTAKER Mrs. Lieder
(ADDRESS) 4355 Lieder

20. FILED Oct 5, 1936 Paul W. Mueller
St. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Oct. 5, 1936.
I last saw her alive on Oct. 5, 1936. Death is said

to have occurred on the date stated above, at 127A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix

Date of onset

July1936

Other contributory causes of import

secondary anemiaSept 3

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 Heart
(Signed) Revellyn Salt, M. D.

(Address) 1500 Olive

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.

N. B.—Every item of information should be carefully supplied. Exact statement of Q. A. is very important. Every item of information should be stated EXACTLY as it is given. Property classified. Exact statement of Q. A. is very important.

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