

APR 8 1937

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

Do not use this space.

9689

1. PLACE OF DEATH

Country JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. St. Joseph Hosp.)

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

George M. Rosenbaum(a) Residence, No. 7245 Harrison St. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds.How long in U. S., if of foreign birth 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

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

Serry Rosenbaum

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Clerk

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)

Russia

FATHER

13. NAME

Koppel Rosenbaum

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

Russia

MOTHER

15. MAIDEN NAME

Freda Hindin

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

Russia

17. INFORMANT (ADDRESS)

Mrs. Serry Rosenbaum
7245 Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Carmellem DATE 3-23-1937

19. UNDERTAKER (ADDRESS)

J. P. Phouic Funeral Home
R. C. Moore

20. FILED

March 22, 1937 M. M. Cox

Registrar.

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

3-22-193722. I HEREBY CERTIFY, That I attended deceased from March 18, 1937, to March 22, 1937I last saw him alive on March 21, 1937 Death is saidto have occurred on the date stated above, at St. Joseph Hosp.

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Toxemia from the pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis Microscopic 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.

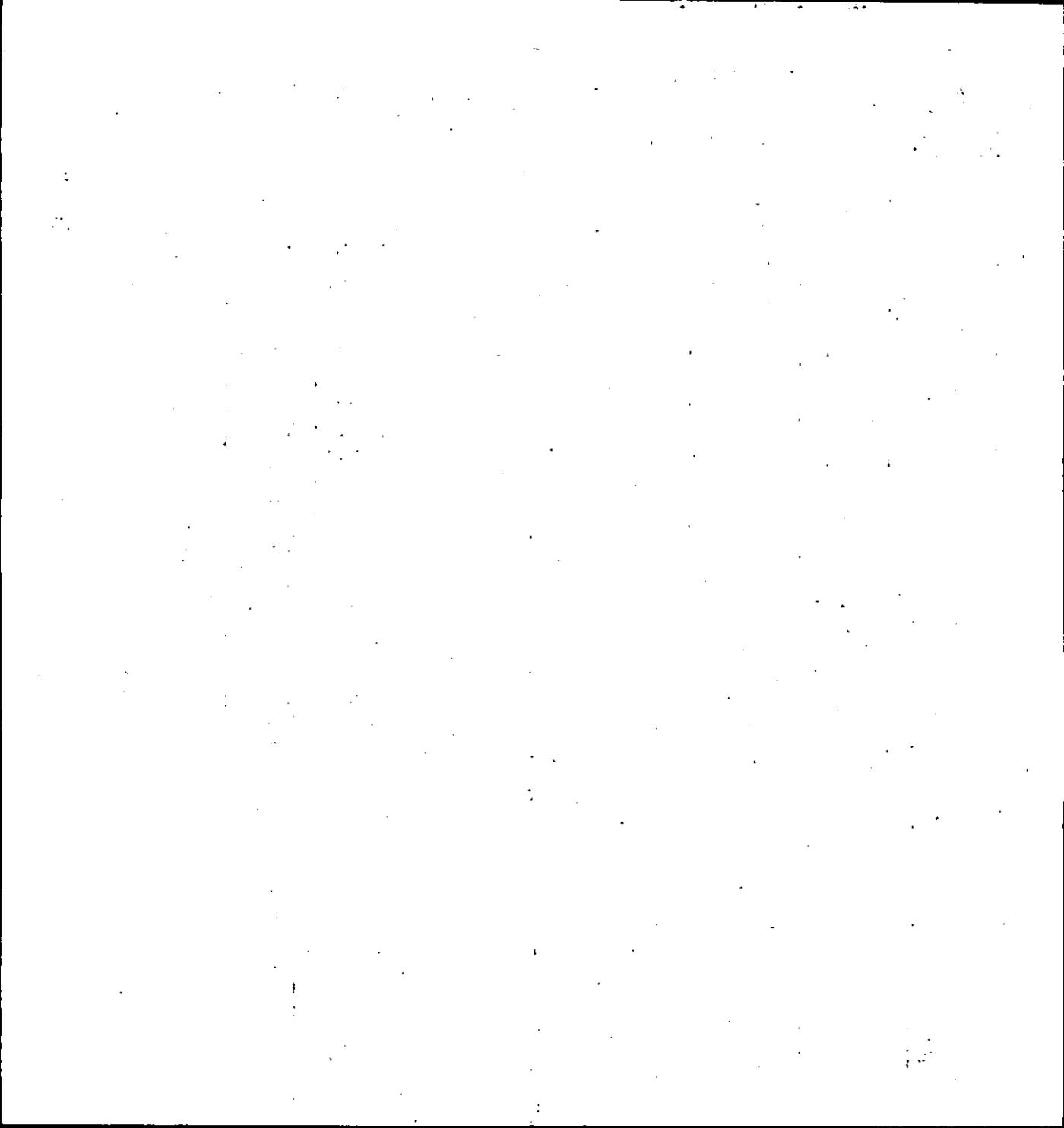
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) George M. Rosenbaum M. D.(Address) 928 Arroyo Bldg



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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. _____

File No. 4689

Township _____

Primary Registration District No. _____

Registered No. 1406

City Horus City (No. _____)

St. St. Joseph Ward

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 14245 Harrison 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. - 22 - 1937

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1905

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 31 3 16

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

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

Lobar Pneumonia Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: Pneumonia

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/22 1937 M. M. Crowe Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Leon Rosenwald M. D.

(Address) 928 Argyle Bldg, St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EMERALD

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