

AUG - 5 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

25363  
6537

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis (No. Jewish hospital)

St. .... Ward)

2. FULL NAME Hoser ( Isidor ) Rosen(a) Residence, No. 1438 E. Grand St., 9 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<br><u>male</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widower</u> |
|-----------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Rosen6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1865

|        |           |          |           |  |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, ..... hrs. or ..... min. |
|        | <u>71</u> | <u>6</u> | <u>21</u> |  |

|            |   |   |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Carpenter</u>  |
|            | 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 <u>10 7/2</u> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Volhynia U.S.S.R.13. NAME Samuel Rosen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.15. MAIDEN NAME Ida Zipporah16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.17. INFORMANT Isadore Rosen (ADDRESS) 4032 Wyoming18. BURIAL, CREMATION, OR REMOVAL PLACE Chosed Shel DATE 7/3/3719. UNDERTAKER (ADDRESS) St. Louis20. JUL 7 1937 Registrar J. Bredeck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6<sup>th</sup> 193722. I HEREBY CERTIFY, That I attended deceased from July 5<sup>th</sup> 1937, to July 6<sup>th</sup> 1937I last saw him alive on July 6<sup>th</sup> 1937 Death is said to have occurred on the date stated above, at 3:05 p.m.

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

Uremia due to Hy pertraphy of 1937  
Genito-URINARY TRACT infection  
Generalized ARTERIOSCLEROSIS

Other contributory causes of importance: Bilateral Bronchopneumonia 1937Name of operation NONE Date of.....  
What test confirmed diagnosis? ✓ Was there an autopsy? NO23. 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) Josue Capriles, M. D.  
(Address) Jewish Hospital

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.

 2182  
 1937

