

SEP 10 1937

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

Do not use this space.

28937

1. PLACE OF DEATH

County St. Louis Mo Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo (No. Home 5815-1st) Registered No. 7570
St. _____ Ward _____

2. FULL NAME

Rose Smoller
(a) Residence, No. 5815 Lotus Ave St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND-OR (OR) WIFE OF <u>William Smoller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-15-1892</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>2</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 9 1937</u>	
	11. Total time (years) spent in this occupation <u>20</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
FATHER	13. NAME <u>Ocean Sakal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Chia Michelson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT <u>William Smoller</u> (ADDRESS) <u>5815 Lotus Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremated at Aug 10 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u>		
20. FILE NO. <u>1010</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935 to Aug 9 1937
I last saw her alive on Aug 7 1937. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease
Hypertension
Cerebral hemorrhage
Date of onset _____

Other contributory causes of importance
95%

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? No
If so, specify _____
(Signed) Julius Elton, M. D.
(Address) 4500 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.

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