

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

29568
Do not use this space.

1. PLACE OF DEATH **SEP 10 1937**

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **St. Lukas Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registered No. **8201**

2. PRINT FULL NAME **Samuel D. Rosenfelt,**
(a) Residence, No. **160 Cornelia Ave. Glendale** St. **Kirkwood, Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 **Helen Rosenfelt.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 28th, 1879**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
64	58	I	I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **lawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **saw mill, bank, etc.** **Retired**

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) **Firth, Nebr.**

FATHER

13. NAME **Henry Rosenfelt**

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

MOTHER

15. MAIDEN NAME **Sophia Newman**

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

17. INFORMANT **Mrs. Helen Rosenfelt (Wife)**
(ADDRESS) **160 Cornelia Ave. Glendale**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Chicago, Ill** DATE **Sept. 2nd, 1937**

19. FUNERAL DIRECTOR **KRACGER-VOSS-FIX**
(ADDRESS) **3402 N. Kingshighway**

20. FILED **AUG 31 1937** **J. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-29 1937**

22. I HEREBY CERTIFY, That I attended deceased from **8/20** 19**37** to **8/29** 19**37**
I last saw him alive on **8/28** 19**37**. Death is said to have occurred on the date stated above, at **8:30** a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis - Chronic
Ch. Vascularis
(Aneurysm)
Date of onset

Other contributory causes of importance: **Arteriosclerosis**

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? **No**
If so, specify
(Signed) **F. D. Johnson** M. D.
(Address) **7500 Glen**

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Albert G. Hoppe
Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)