

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

Do not use this space.

32926

OCT 14 1937

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No.) City Sanitarium

File No.
Registered No. **8980**
St. Ward)

2. FULL NAME **Lena Rosenberg**

(a) Residence, No. **4185 Delmar** St. **19** Ward.
(Usual place of abode) **About** (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **35** 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) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 4, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 9 20

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... **Unknown**
(STATE OR COUNTRY) **Russia**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN)..... **Unknown**
(STATE OR COUNTRY) **Russia**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN)..... **Unknown**
(STATE OR COUNTRY) **Russia**

17. INFORMANT **William T. Gittel, M.D.**
(ADDRESS) **5400 Ardsel St**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **CHEVRE KEDISHA** DATE **9/26 1937**

19. UNDERTAKER **H. B. Brown**
(ADDRESS) **4715 McPherson**

20. FILED **J. Bredeck**
19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-24-37**, 19.....

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1930**, 19..... to **9-24-37**, 19.....

I last saw her alive on **9-24-37**, 19..... Death is said to have occurred on the date stated above, at **10:25** A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis 3-26-28x Date of onset

Other contributory causes of importance:
[Handwritten signature]

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?.....
If so, specify.....
(Signed) **William T. Gittel, M.D.**
(Address) **5400 Ardsel St**

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.

223323877 62

SEP 25 1937

