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

NOV 15 1937

35961

Do not use this space.

1. PLACE OF DEATH NOV 15 1937
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 9538
(c) City St. Louis (d) Street No. Mo. Pacific 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.

2. PRINT FULL NAME Joseph Francis Rosenfield
(a) Residence, No. 4738 S. Grand Blvd. St. 15 St. Louis, 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 Edith Rosenfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 8th. 1879.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as saw mill, bank, etc. R.R.
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) Rock Island Illinois

FATHER
13. NAME Joseph Rosenfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Edith Rosenfield 4738 S. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Oct. 15th. 1937

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED OCT 13 1937 J. S. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937, to Oct 12 1937
I last saw him alive on Oct 12 1937 Death is said to have occurred on the date stated above, at 6 15 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Lymphatic Leukemia — Date of onset

Other contributory causes of importance:
Hodgkin's Disease
Syphilis

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy & Blood 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) Alvin J. Sight, M. D.
(Address) Mo Pac Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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I X12004 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.

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128.

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.)