

DEC 13 1937

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

39323

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 5020 Delmar Ave Registered No. 10310
(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 Emma Rosenthal

(a) Residence, No. 5020 Delmar Ave. St. 12
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Seamstress
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. James (STATE OR COUNTRY) Mo.

13. NAME William Roberson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME May Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Faye Green
5020 Delmar Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 11-6 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 S. Kingshighway

20. FILE NO. NOV 1003 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1937, to Nov. 4 1937
I last saw her alive on Nov. 4 1937. Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:

UremiaDate of onset 10/1/37

Other contributory causes of importance:

Cardio-vascular-renal disease 1936

Name of operation..... Date of.....
What test confirmed diagnosis? laboratory 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) Norton John Overmull, M. D.
(Address) 4129 Washington Blvd.

Dr. Everett 4129 Washington Ave
3-5-7-8

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Edmund M. Bennett*

Licensed Embalmer No. *3024*

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.)