

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

46806
Do not use this space.

JAN 24 1938
PLACE OF DEATH

(a) County St. Louis Registration District No. 1110
 (b) Township St. Louis Primary Registration District No. 70
 (c) City St. Louis (d) Street No. 6253 Cabanne St.
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 34 yrs. mos. ds.

2. PRINT FULL NAME Melba Rosen
 (a) Residence, No. 6253 Cabanne St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Late Sam Rosen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15, 1883
 7. AGE YEARS 54 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. housework
 10. Date deceased last worked at this occupation (month and year) Dec 1, 1937 11. Total time (years) spent in this occupation 30

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

FATHER 13. NAME Harry Kadimaky

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Dr. Chas. Rosen
4251 Cabanne

18. BURIAL, CREMATION, OR REMOVAL Besed Shel Emeth DATE Dec 26 1937

19. FUNERAL DIRECTOR (ADDRESS) Hemboldt Fun. Dir.
14169 Washington

20. FILED Dec. 26 1937 Virginia Hemboldt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1937, to Dec 25, 1937.
 I last saw him alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 1:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Dehydration of Heart
 Date of onset _____

Other contributory causes of importance: 100%
Acute Bronchitis

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify. Chorvonnell
 (Signed) _____, M. D.
 (Address) 408 Hemboldt

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, Willard Z. Genhandler, Licensed Embalmer No. 3669
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

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

Signed Willard Z. Genhandler
Licensed Embalmer No. 3669

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.)