

FEB 12 1938

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

1159

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 Mo.** (d) Street No. **Jewish Hos'p** Registered No. **1015**  
(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 **Emanuel Rosenheim 2. 5' 5"**  
(a) Residence, No. **4622 Shennadoah** St. **17**  
(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) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec, 13, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**81** **1** **13**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

FATHER 13. NAME **Elias Rosenheim**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Milton Rosenheim**  
**4622 Shennadoah**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive (Jewish)** DATE **Jan. 28, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **W. Mayer**  
**4355 Lindell.**

20. FILED **JAN 27 1938**  
**J. T. Bredek** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 27<sup>th</sup> 1938**

22. I HEREBY CERTIFY, That I attended deceased from **January 26<sup>th</sup> 1938**, to **January 27<sup>th</sup> 1938**

I last saw him alive on **January 27<sup>th</sup> 1938** Death is said to have occurred on the date stated above, at **5:45 A.M.**

The principal cause of death and related causes of importance were as follows:

**Heart Failure General**

Date of onset

Other contributory causes of importance:

**Generalized arteriosclerosis  
arterioelectric Heart Dis  
Hydrothorax + ascites**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

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 **David Rothman**, M. D.  
(Signed) **David Rothman**  
(Address) **Jewish Hospital**

**STATEMENT BY LICENSED EMBALMER**

I, Albert H. Hoppe, Licensed Embalmer No. 1861

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 H. Hoppe*

Licensed Embalmer No. 1861

**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.)**