

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

8745
 Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **2334**
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** 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 **35** yrs. mos. ds. (f) How long in U.S., if of foreign birth **35** yrs. mos. ds.

2. PRINT FULL NAME **David Rosenbloom 951**

(a) Residence, No. **5035 Cates** St. **12** (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 **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 **Eva Rosenbloom**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **UNK**

7. AGE YEARS **ABT 53** MONTHS **UNK** DAYS **UNK** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Contractor**
 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) **Pinsk Poland 7**

FATHER 13. NAME **Moses Chalavsky 7**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland 7**

MOTHER 15. MAIDEN NAME **Ita (unk) 7**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

17. INFORMANT **Eva Rosenbloom**
 (ADDRESS) **5035 Cates**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **3/9/1938**

19. FUNERAL DIRECTOR **H. B. BERGER**
 (ADDRESS) **4715 McPHERSON**

20. FILED **MAR 9 1938** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/8/1938**

22. I HEREBY CERTIFY, That I attended deceased from **3/3/38**, 19**38** to **3/8/38**, 19**38**
 I last saw him/her alive on **3/8**, 19**38** Death is said to have occurred on the date stated above, at **11 A. M.**
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Unverified - Carcinoma of lung
 Date of onset **about 1928**

Other contributory causes of importance:
Unverified - Carcinoma of lung

Name of operation **None** 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? **no**
 If so, specify **B. Y. Glassberg**, M. D.
 (Signed) **Metropolitan Hosp.**
 (Address)

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.

23/9

STATEMENT BY LICENSED EMBALMER

I, H.I. Berger, Licensed Embalmer No. 1597

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 H.I. Berger

Licensed Embalmer No. 1597

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.)

