REC'D OCT 18 1938

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

31777
Do not use this space.

85

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 1001
(b) Township WASHINGTON — Primary Registration District No. — Registered No. 984
(c) City ST. JOSEPH, — (d) Street No. 320 SOUTH 15TH ST. 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SHAINE YAKIE ROSENTHAL
(a) Residence, No. 320 SOUTH 15TH ST. St.
(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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ABRAHAM ELLIOTT ROSENTHAL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): UNKNOWN 1870

7. AGE: YEARS 68 — MONTHS ? — DAYS ? — 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.: HOME
10. Date deceased last worked at this occupation (month and year): UNK
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN POLAND

FATHER
13. NAME: MORTIMER SOROSKY, 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): POLAND 7

MOTHER
15. MAIDEN NAME: TILLIE UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN POLAND

17. INFORMANT (ADDRESS): DR. IRWIN ROSENTHAL, SON ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SHAARE SHOLEM CEM DATE SEPT. 27, 1938.

19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 9-24, 1938 A. J. Nestlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): SEPT. 25, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to Sept 25, 1938
I last saw her alive on 9/25, 1938 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Broncho Pneumonia	9/25/38
Cerebral Thrombosis	June 15, 1938

Other contributory causes of importance: arteriosclerosis 82B

Name of operation none Date of
What test confirmed diagnosis? none 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) Irwin I. Rosenthal M. D.
85 (Address) 503 Central Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

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

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

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.)