

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

33621  
 Do not use this space.

EST. NOV 16 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **991**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **Jewish Hospital** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Rose Landsman**  
**1239 Aubert**

(a) Residence, No. **1239 Aubert** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Max Landsman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 21, 1917**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<b>21</b>	<b>8</b>	<b>9</b>	

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. **At Home**  
 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) **Kincaid Ill.**

FATHER 13. NAME **Sam Krutansky**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

MOTHER 15. MAIDEN NAME **Besa Machalina**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT **Max Landsman**  
 (ADDRESS) **1239 Aubert**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Chesed Shel Emeth Oct. 2 1938**

19. FUNERAL DIRECTOR **Herman Rindstad**  
 (ADDRESS) **5216 Delmar Blvd.**

20. FILED **OCT 2 1938** **J. Buddeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30 1938**

22. I HEREBY CERTIFY, That I attended deceased from **August 29**, 19**38**, to **Sept. 30**, 19**38**  
 I last saw her alive on **Sept. 30**, 19**38** Death is said to have occurred on the date stated above, at **10:55 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Puerperal Sepsis**  
**General Peritonitis**

Date of onset: **8-29-38**

Other contributory causes of importance:  
**General Peritonitis**

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Clinical** 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) **Stokes** M. D.  
 (Address) **818 University CLUB BLDG.**

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, Herman Rindke, Licensed Embalmer No. 2207  
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 Herman Rindke  
Licensed Embalmer No. 2207

**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.)**