

REC'D FEB 10 1939

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

791
100334
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003
(b) Township 1 Primary Registration District No. 1003 Registered No. 34
(c) City 1 (d) Street No. CITY HOSP St. 1
(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

(a) Residence, No. 1741 N. 13th Street St. 26 (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 11, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as saw mill, bank, etc.

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) St. Louis, Mo. U.S.

FATHER 13. NAME Ben Ros

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro, Ill.

MOTHER 15. MAIDEN NAME Lena Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia, Ill.

17. INFORMANT (ADDRESS) BEN ROS
1741 N. 13th

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemetery 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BEASIXEN NICHOLS
1132 1/2 W. 2nd Street

20. FILED JAN 8 1939 J. B. Budlak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1938, to Dec. 31, 1938

I last saw him alive on 12-31, 1938 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Neurolytic Jaundice
Chronic Otitis Media

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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 _____

(Signed) Bernard Schwartzman, M. D.

(Address) _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

L. M. White

Licensed Embalmer No. 3973

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.