

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

418
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City or St. Louis (d) Street No. 5861 Cates 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 44 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 46 yrs. mos. ds.

2. PRINT FULL NAME William Rosenberg

(a) Residence, No. 6303 McPherson St. KR U. City, Mo.
(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 Miriam Rosenberg		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 15, 1850		
7. AGE	YEARS 88	MONTHS 7
	DAYS 27	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cobbler	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. retired	
	10. Date deceased last worked at this occupation (month and year) 1928	
12. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) Poland 7		
FATHER	13. NAME (unk) Rosenberg 7	
	14. BIRTHPLACE (CITY OR TOWN) Poland 7 (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME (unk)	
	16. BIRTHPLACE (CITY OR TOWN) Poland 7 (STATE OR COUNTRY)	
17. INFORMANT A.J. Rosenberg (ADDRESS) 5877 Nina		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 1/13 1939		
19. FUNERAL DIRECTOR (NAME) H.B. Berger (ADDRESS) 4715 McPherson		
20. FILED JAN 13 1939 J.D. Pulech Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 1938, to Jan 12, 1939
I last saw him alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 6:40 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia - Hypostatic
serious changes
Lobar
Date of onset: Jan 11

Other contributory causes of importance: 108

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....., 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) Jules H. Kopp, M.D.
(Address) 4500 Olive

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 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.....


Licensed Embalmer No. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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