FILED APR 15 1940

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

Do not use this space.

8858

1. PLACE OF DEATH

County ..... Registration District No. 781 File No. 2341

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. Jewish Hosp. St. ..... Ward)

2. FULL NAME Louis Rabinowitz

(a) Residence, No. 1400 BIDDLE St. 25 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 18, 1885

7. AGE: YEARS 55 MONTHS 1 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cantor & Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ARMY OR NAVY (UNKNOWN)
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: SOC. SECURITY (UNK)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Evelyn Rabinowitz, 222 W. 77th. New York

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 3/10 40

19. UNDERTAKER (ADDRESS): H. B. Berger, 4715 McPherson

20. FILED MAR 10 1940 J. B. Bridgeh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1940, to 3-5, 1940

I last saw him alive on 3-5, 1940. Death is said to have occurred on the date stated above, at 8:45 P m.

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

Date of onset

Bronchopneumonia (left lower)
Perinephric Abscesses (bilat.)
Septicemia (Type III Pneumococcus)
Brain Abscess
Brain abscess + perinephric abscesses caused by septicemia

Other contributory causes of importance:
Cirrhosis of the Liver

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Sam Schneider, M. D.
(Address) 216 S. Kingshighway

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7294

H. I. BERGER

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