

No. 2
11-10-39
5-17-39
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FILED AUG 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26334

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1287

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

(b) City or town RURAL - ROBERTSON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month, 10 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limit, write "RURAL")

(d) Street No. 5845 NINA PLACE
(If rural, give location)

(e) If foreign born, how long in U. S. A. 55 YRS. years.

3. (a) PRINT FULL NAME JOSEPH ROTHSCHILD 324

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-14-4638

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 9
year 1940 hour 3:15 minute _____ P.M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, divorced, Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30, 1940 to July 9, 1940, that I last saw him alive on July 9, 1940, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>18</u>	hr. min.

Immediate cause of death 1. pulmonary edema
2. heart failure

Due to Cancer of lung, right?

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

Due to 7/7/40

Other conditions Pulm. TBC, R. Apex
Arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Liquor

12. Name Solomon Rothschild

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Hedwig Weil

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Rothschild

(b) Address 3803 Waterman

17. (a) Burial (b) Date thereof 7-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cem.

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) JUL 10 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Robertson, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

C. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.