

65
S. No. 1
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X29484

FILED JUN 22 1942 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No. 10 days**
In this community **6 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2821 No. 14th Street**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Viola Rosenbaum

3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Tom**
6. (c) Age of husband or wife if alive **62 years**
7. Birth date of deceased **May 5 - 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **1** If less than one day hr. min.

9. Birthplace **Henderson County Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **house-wife**

11. Industry or business **At Home**

MOTHER FATHER
12. Name **James T. Gibson**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Smith**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Matthews**

(b) Address **2821 No. 14th St.**

17. (a) **Burial** (b) Date thereof **6-8-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **A.W. McLaughlin**

(b) Address **2301 Lafayette Ave**

19. (a) **JUN 8 1942**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**, year **1942** hour **7:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 27**, 19**42**, to **June 6**, 19**42**, that I last saw her alive on **June 6**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death **uremia**
Due to **rephrosclerosis**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **12/10/41**
Major findings: Of operations _____
Of autopsy **not done**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature **Laura G. Neudorff** (b) Date **6/8/42**
Address **1515 Lafayette Avenue**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

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. R. Casper

Licensed Embalmer No 3633

P. O. Address 2317 Lafayette

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16607
Registrar's No. 4980

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
St. Louis City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 mo - 10 days
(Specify whether
In this community..... 6 yrs
years, months or days)

3. (a) PRINT FULL NAME..... Viola Rosenbaum

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... F 5. Color or race..... w 6. (a) Single, widowed, married, divorced..... D

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

7. Birth date of deceased..... May 3 - 1888
(Month) (Day) (Year)

8. AGE: Years..... 62 Months..... Days..... If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) JUL 10 1942 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits write "RURAL")
(d) Street No..... 2821 no 14th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... year..... 1942 hour..... minute..... 05 M.

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him..... live on..... 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

wt
dlw 2.5

S-16607