

U. S. No. 2
DOM-5-43
Rev. 5-17-39
X 35571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19161
State File No. 5213
Registrar's No.

FILED JUN 30 1945

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital #1.
(d) Length of stay: 2 mos - 9 days
In this community life

3. (a) PRINT FULL NAME Max Rosenberg
(b) If veteran, name war none
(c) Social Security No. 486-14-7531

4. Sex male Color or race W.
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Amy L. Puellmann
(c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 22 1876

8. AGE: Years Months Days 19
67 11 22
If less than one day hr. min.

9. Birthplace St. Louis Mo.

10. Usual occupation Watchman

11. Industry or business

12. Name Silas Rosenberg

13. Birthplace St. Louis Mo.

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Amy Rosenberg

(b) Address 5026 Westminster

17. (a) Burial (b) Date thereof 6/14/45

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Max

(b) Address 4356 Lindell Blvd

19. (a) JUN 13 1945 (b) J. J. Brebeck

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 068
(c) City or town St. Louis
(d) Street No. 5904 Delmar
(e) Citizen of foreign country? 0 (Yes or No)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th
year 1945 hour 5:15 minute P.
21. I hereby certify that I attended the deceased from 4/2/45
to 6/11/45
that I last saw him alive on 6/11/45
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition and cachexia
Due to Carcinoma of stomach and esophagus

Other conditions carcinoma of rectum lung abscess
Major findings: Ca of stomach - Primary

Of operations Ca of stomach - Primary
Of autopsy as above

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

23. Signature J. J. Brebeck (M. D. or other)
Address 1515 Lafayette Date dictated 6/12/45

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

10
17
9

MOTHER FATHER

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

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.....

E. W. Wilkinson

Licensed Embalmer No..... *2575*

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, fact should be so stated above.