

Registration District No. _____ Primary Registration District No. **1003**

FILED JUL 17 1940

1. PLACE OF DEATH: **St. Louis**
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **1290 Hodimont**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME **Rose Michael** **2411**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **not known**
(Month) (Day) (Year)

8. AGE: Years **about 67** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **Isaac Michael**

MOTHER FATHER { 12. Name _____ 18. Birthplace **Germany**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Anna Tobias** 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rose Altheimer**

(b) Address **Burial 5554 Page 6-19-40**

17. (a) _____ (b) Date thereof **6-19-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive (Jewish)**

18. (a) Signature of funeral director **H. Rindkopf**
(b) Address **5216 Delmar**

19. (a) **JUN 18 1940** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **St. Louis**
Missouri
(a) State _____ (b) County _____
(c) City or town **St. Louis** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **1290 Hodimont**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15** 19**40**
year **1940** hour **found dead** minute **6 PM**

21. I hereby certify that I attended the deceased from **2001 15 40**
1938, 19 _____ to **June 15 1940**
that I last saw her alive on **April 12 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mal-nutrition, 1 year**
Carile changes.

Due to **caused by refusal to eat.**
arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) **97**

Major findings: **Joseph Howe**
Of operations **made**
Of autopsy _____

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) (e) Means of injury _____

23. Signature **Joseph Davie** (M. D. or other)
Address **Century Bldg** Date signed **6-18-40**

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

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.