

Registration District No. **278** Primary Registration District No. **3015**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Alex Van Ravenswaay Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether
In this community **25 Years.**
years, months or days)

3. (a) PRINT FULL NAME **Louis Rosenthal. 253**

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

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

6. (b) Name of husband or wife **Sophia Rosenthal** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **May 16 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **3** Days **12** If less than one day hr. min.

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

10. Usual occupation **Junk Dealer**

11. Industry or business **Junk**

12. Name **Morris Rosenthal**

18. Birthplace **Russia**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Feldman**

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

16. (a) Informant **Jacob Rosenthal.**

(b) Address **St. Louis Mo.**

17. (a) **Removal** (b) Date thereof **Aug. 28 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **Woodman & Keller**

(b) Address **Boonville, Mo.**

19. (a) **8-28-40** (b) **De Cooper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **8 Missouri** (b) County **Cooper**
(c) City or town **Boonville**
(If outside city or town limit, write "RURAL")
(d) Street No. **518-8th. St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **40** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **28th.**
year **1940** hour **1** minute **0** a. M.

21. I hereby certify that I attended the deceased from **Aug 26**
1940 to **Aug 28** **1940**
that I last saw him alive on **Aug 28** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation**

Due to **hypertension**

Due to **pulmonary edema**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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?

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

23. Signature **Allen Rammey** (M. D. or other)

Address **Boonville Mo.** Date signed **8/28/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
9-10-40
Date Filed

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.....
Licensed Embalmer No.....
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, above space should be left blank.