

13-40
7-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8004**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month**
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **UNIVERSITY CITY**
St. Louis NR
(If outside city or town limits, write "RURAL")
(d) Street No. **8009 Teasdale**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Morris Rosenblum**

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. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **July 4th 1907**
(Month) (Day) (Year)

8. AGE: Years **33** Months **2** Days **20**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Builder**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jacob Rosenblum**
13. Birthplace **Russia**
(City, town, or county) (State or foreign country)
14. Maiden name **Lena Sopher**
15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Rosenblum**
(b) Address **8009 Teasdale**

17. (a) **Burial** (b) Date thereof **Sept-26-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth B. M.**

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

19. (a) **SEP 25 1940** (b) _____
(Date received local Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24th**
year **1940** hour **7:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Sept. 10** 19**40** to **Sept. 24** 19**40**;
that I last saw him alive on **Sept. 24** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lympho-sarcoma** **1-2 mo**

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

Major findings: Of operations **Biopsy inguinal node**
Lympho Sarcoma
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **Therestyn Sale** (M. D. or other) _____
Address **4500 Olive** Date signed **9/25/40**

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 *Chas. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *526 De Luan*.....

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.