

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 147

REG FEB 25 1941

1003

Registrar's No. 147

Registration District No. 791

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:
5728 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether
In this community 50 years (months or days)

3. (a) PRINT FULL NAME Toby Rosinsky

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

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

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

7. Birth date of deceased Unk. (Month) (Day) (Year)

8. AGE: Years Ab. 77 Months Days If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Barney Rubinstein

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

14. Maiden name Jeanette Levinson

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

16. (a) Informant Mrs. L. Weissman

(b) Address 5728 Cates

17. (a) Burial (b) Date thereof 1/8/1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) JAN 7 1941 (b) J. F. Brudish (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200
(c) City or town St. Louis 517
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5728 Cates (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1941 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from November 23, 1940, to January 7, 1941;

that I last saw her alive on January 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis with left hemiplegia Duration 7 days

Due to Degenerative heart disease with mitral insufficiency 6 weeks plus

Due to Hypertension and arteriosclerosis 6 weeks plus

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 J. Keber (M. D. or other) 0
Address 818 University Club Bldg. Date signed 1-7-41

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

10
17
9

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..... 1597

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.