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K23159

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19704 177107  
State File No.

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 156

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs. 9 mos.  
(Specify whether years, months or days)  
In this community 27 days

3. (a) PRINT FULL NAME ANNA ROSENTHAL

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

4. Sex 7 1 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Rosenthal 6. (c) Age of husband or wife if alive D.K. years

7. Birth date of deceased Dec. 15 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Louis Schultz

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

14. Maiden name Yetta ?

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

16. (a) Informant Hospitale Records

(b) Address State Hospital # 1

17. (a) Partial Burial (b) Date thereof 5/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) 5/28/41 (b) R. N. Crew  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1468 Clara 5632 Wells  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? P. K. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1941 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from April 1  
1941 to May 27, 1941;  
that I last saw her alive on May 27, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis (uremia)  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Katherine Shirley (M. D. or other) M. D.  
Address State Hospital Date signed 5-27-41

(Licensed Embalmer's Statement on Reverse Side) Fulton, Mo.

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

MOTHER FATHER

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

14  
1  
2

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**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**