

FILED OCT 14 1942  
Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
5864a Page Bl. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 30 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rose Nissen

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

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Meyer Nissen 6. (c) Age of husband or wife if alive. (unk)  
7. Birth date of deceased. December 11 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>22</u>	.....hr. ....min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER, FATHER { 12. Name Abraham Schoenblatt  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Dorfman  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Meyer Nissen

(b) Address 5864a Page Bl.

17. (a) burial (b) Date thereof 10/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director. Berger Memorial

(b) Address 4715 McPherson

19. (a) OCT 5 1942 (b) J. F. Bullard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9 5  
(d) Street No. 5864a Page (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd  
year 1942 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1  
1942 to Oct 3, 1942  
that I last saw h. or alive on Oct 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Multiple metastatic spaces of parotomegaly (Primary)  
Due to Site not determined

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

Major findings: As stated above  
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?

(Specify type of place)  
While at work..... (b) Means of injury HO  
23. Signature Jerome C Cook (M. D. or other)  
Address 508 N. Grand Bl Date signed 10/4/42

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

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.**