S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23320

FILED JUL 1 1943

Registration District No. 0118

Primary Registration District No. 1003

Registrar's No. 6133

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 East Grand
(If rural, give location)
(e) Citizen of foreign country Registered Alien (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ROSE NEWMARK
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 widow
6. (b) Name of husband or wife Samuel J. Newmark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unk (Month) (Day) (Year)
8. AGE: Years about 76 | Months | Days | If less than one day hr. min.
9. Birthplace Warsaw Poland (City, town, or county) 4 (State or foreign country)
10. Usual occupation at Home
11. Industry or business
FATHER
12. Name Hirsch Sundberg
13. Birthplace Poland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bryna (unk)
15. Birthplace Poland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Barney Newmark
(b) Address 5573 Delmar
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona
18. (a) Signature of funeral director Bergen Memorial
(b) Address 4715 McPherson
19. (a) JUL 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1943 hour 7:30 a.m. minute M.
21. I hereby certify that I attended the deceased from June 12, 1943 to July 6, 1943 that I last saw her alive on July 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	23 days
Due to Hypertension, Cerebrovascular Heart Disease	?
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
Signature Dr E. Schwarz (M. D. or other) Md
Address 622 Ferno Blvd Bldg Date signed 7/6/43

(Licensed Embalmer's Statement on Reverse Side)

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.