

FILED DEC 3 1943 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

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. 5775 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Yetta Rosen

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Isadore Rosen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: About 78 Years Months Days If less than one day
hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country) 6

10. Usual occupation _____

11. Industry or business not known

MOTHER FATHER { 12. Name _____
13. Birthplace Russia (City, town, or county) (State or foreign country) 6
14. Maiden name not known
15. Birthplace Russia (City, town, or county) (State or foreign country) 6

16. (a) Informant Morris Binovitz
(b) Address 5775 Kingsbury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Chapel Shel Emeth

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) NOV 23 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day Nov
year 1943 hour 10 minute 39 M.

21. I hereby certify that I attended the deceased from Nov 22 to Nov 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic mellitus Duration 4 yr

Due to Sincerely,

Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

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 4 M. Trout (M. D. or other) _____
Address 3611 Grand St Date signed Nov 23

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 *William Herons*.....

Licensed Embalmer No. *4319*.....

P. O. Address *5216 Delmar*.....

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.