21189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20200

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5300

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19

(c) City or town St, Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 3816 Delmar Avenue.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Rosenthal

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sigmund Rosenthal

6. (c) Age of husband or wife if alive Ded'd. years

7. Birth date of deceased March (Month) 10 (Day) 1870 (Year)

8. AGE: Years 74 Months 3 Days If less than one day hr. min.

9. Birthplace St, Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER

12. Name Don't Know.

13. Birthplace Don't Know. (City, town, or county) (State or foreign country)

14. Maiden name Don't Know.

15. Birthplace Don't Know. (City, town, or county) (State or foreign country)

16. (a) Informant James H. Thompson.

(b) Address 8712 Argyle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/44 (Month) (Day) (Year)

(c) Place: burial or cremation St, Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Ave, St, Louis, Mo.

19. (a) JUN 11 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

644 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1944 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 25th, 19 44 to June 10th, 19 44 that I last saw her alive on June 10th, 19 44 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Rectum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma of Rectum

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

23. Signature Geo. L. Pleitsch (M. D. or other)

Address 1515 Lafayette Date signed 6/20/44

WHITE 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.....Ben Hoffman

Licensed Embalmer No.....4366

P. O. Address.....St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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