

FILED DEC 9 1944  
Registration District No. 648

Primary Registration District No. 1003

Registrar's No.

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 1 day  
In this community... 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County M.C.  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 11/6  
(d) Street No. 1379 Clara  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROSE WINTER

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 Married

6. (b) Name of husband or wife Sam Winter 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Figler

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

14. Maiden name Unknown

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

16. (a) Informant Sam Winter

(b) Address 1379 Clara

17. (a) Burial (b) Date thereof 11-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Chen handler

(b) Address 4469 Washington

19. (a) NOV 22 1944 (b) J. J. Bredex  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21<sup>st</sup> year 1944 hour 8 minute 10 P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: 2<sup>nd</sup> & 3<sup>rd</sup> degree Burns of face, chest & abdomen, suffered while attending Due to fire in the basement of her home at 1379 Clara Ave on Nov. 21<sup>st</sup> 1944 at about 3:20 P.M. No damage to building occurred.

Other conditions: None  
(Include pregnancy within 3 months of death)  
Major findings: None  
Of operations: Not obtained

Of autopsy: None  
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) Accident  
(b) Date of occurrence Nov 21<sup>st</sup> 1944  
(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work: \_\_\_\_\_ (Specify type of place)  
(e) Means of injury As above  
23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 11/22/44

**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

*W. B. Penhander*

Licensed Embalmer No.....

*3459*

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.**