

S. No. 2  
M-5-43  
5-17-39  
I X3667

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

FILED FEB 7 1946  
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: Jewish 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 50 + years years, months or days)

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. 4905 Lindell bou  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Rosenberg  
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 Louis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 9, 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 28  
year 1946 hour 2:30 minute A. M.  
21. I hereby certify that I attended the deceased from Jan 21, 1946 to January 28, 1946  
that I last saw her alive on January 27, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
78 7 19 hr. min.

Immediate cause of death uraemia Duration 2 days  
Due to Myocarditis, chr. See p 15  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_

10. Usual occupation at home

Of autopsy none

11. Industry or business \_\_\_\_\_

12. Name Leopold Mayer

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

14. Maiden name unknown

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

16. (a) Informant Jules Ross

(b) Address 4905 Lindell

17. (a) burial (b) Date thereof 1/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson ave.

19. (a) JAN 28 1946 J. P. Bredeek  
(Date received local registrar) (Registrar's signature)

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? at St. Paul (Specify type of place) Means of injury 0  
23. Signature P. St. Paul (M. D. or D.O.)  
Address Pasteur Bldg. Date signed 1/28/46

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

3033

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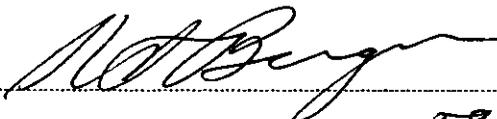
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**STATEMENT BY LICENSED EMBALMER**

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. 1397.....

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.**