S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10884

FILED MAR 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2446

9796

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Hos&p 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 12 00

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

(d) Street No. 5386 Pershing Ave 17
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 9 0

If yes, name country

3. (a) PRINT FULL NAME Frances Rosenberg Beatus

3. (b) If veteran, name war **********

3. (c) Social Security No. none

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Milton Beatus

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan (Month) 23 (Day) 1873 (Year)

8. AGE: Years 73 Months 1 Days ~~17~~ 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 11 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Seigelman Rosenberg
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Johannah Edinger
15. Birthplace (City, town, or county) Germany 11 (State or foreign country)

16. (a) Informant Milton Beatus
(b) Address 5386 Pershing Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) MAR 13 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Jan~~ March day 12
year 1946 hour 6 minute 35 P M.

21. I hereby certify that I attended the deceased from Jan 17, 1946 to March 12, 1946;
that I last saw her alive on March 12, 1946;
and that death occurred on the date and hour stated above.

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

50

Major findings:
Of operations
Of autopsy none done

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 0

23. Signature Charles Silverstag (M. D. or other) M.D.
Address 207 S Kingshighway Blvd. Date signed March 13 1946

(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.....1861.....

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.