

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED NOV 25 1946
318
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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: St. Lukes Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution abt 1 hr.
(Specify whether years, months or days)

In this community abt 50 years

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. 5370 Pershing Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nathan Rosenberg

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race W.

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Tobie Cohen Rosenberg

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

7. Birth date of deceased 12 11 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1946 hour 7:40 minute am

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.

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Fracture of skull
subdural hemorrhage of brain
Why he was struck by
bullet from very small
caliber .22
caliber
gun
located at Pershing Ave
St. Louis
Nov 7 1946

Other conditions _____
(Include conditions existing within 3 months before death)

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

10. Usual occupation Retired

11. Industry or business Merchant

12. Name Julius Rosenberg

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

14. Maiden name Unknown

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Adele Rosenberg

(b) Address 18 Ridgemoor Dr, Clayton Mo.

17. (a) Burial (b) Date thereof 11/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive (Jewish)

18. (a) Signature of funeral director Wagner

(b) Address 4356i Lindell Blvd

19. (a) NOV 8 1946 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) Accidental

(b) Date of occurrence Nov. 7 1946

(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? Public street

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature Patrick E. Taylor (M. D. or other) Sept 10 1946

Address 1300 Clark Ave Date signed 11/10/46

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..... *J. W. Wilkerson*
Licensed Embalmer No. *3575*
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.