

S. No. 2
-12-45
5-17-39
I X47070

FILED DEC 24 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10611**

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:
4841 Lexington Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community _____

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. **4841 Lexington Ave**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary E. 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 **Married**

6. (b) Name of husband or wife **Herman C. Rosenthal**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **May 7, 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10,** year **1946** hour **3:30 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 7,** 19**46** to **Dec 9,** 19**46**

that I last saw her alive on **Dec 9,** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, chronic** - **6 months** Duration

Due to **-Anemia, Simple**

Due to _____

Other conditions **93**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years **71** Months **7** Days **3** If less than one day hr. _____ min. _____

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Heckel**

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

14. Maiden name **Mary Mueller**

15. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman C. Rosenthal**

(b) Address **4841 Lexington Ave**

17. (a) **Burial** (b) Date thereof **12/12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **DEC 11 1946** (b) **J. F. Brudack**
(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) _____

(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? **17**

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

23. Signature **A. G. Teidem** (M. D. or optician)
Address **508 W Grand** Date signed **Dec 10/46**

WRITE 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

Gustavo W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo

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.