

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

FILED DEC 23 1946
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **10923**

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:
4402a St. Louis
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 42 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. 4402a St. Louis
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME REBECCA ROSENTHAL
 3. (b) If veteran, name war No 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 Louis Rosenthal
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 19 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 19th
 year 1946 hour 2 minute 30 a. M.
 21. I hereby certify that I attended the deceased from December 19 1946 to December 19 1946
 that I last saw her alive on December 19th 1946
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>8</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Myocardial infarction Duration 3/4 h.
 Due to Coronary occlusion 3/4 h.

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

Due to _____
 Other conditions 94
(Include pregnancy within 3 months of death)

10. Usual occupation At Home
11. Industry or business _____
MOTHER FATHER
 12. Name Herschel Bierman
 13. Birthplace Russia
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Shapiro
 15. Birthplace Russia
(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 Louis Rosenthal
 (b) Address 4402a St. Louis Ave.
 17. (a) Burial (b) Date thereof 12/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chesed Shel Emeth
 18. (a) Signature of funeral director Berger Memorial
4715 McPherson Avenue
 (b) Address DEC 20 1946
 19. (a) (Date received local registrar) J. F. Brudeck (b) (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?
 While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature Barrett L. Tansig (M. D. or other) M.D.
 Address 4500 Olive Date signed Dec. 20

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.....

Licensed Embalmer No. 4829

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.