

S. No. 2
M-8-43
7-5-17-39
No 1 X37823

FILED MAR 21 1947

Registration District No. **17**

Primary Registration District No. **3008**

Registrar's No. **104**

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

1. PLACE OF DEATH:

(a) County **Calaway**

(b) City or town **St Louis**

(c) Name of hospital or institution: **State Hospital No. 1**

(d) Length of stay: In hospital or institution **6 months 11 days**

In this community **same**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St Louis**

(c) City or town **St Louis**

(d) Street No. **1438 East Grand**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **SOPHIA ROSENSTEIN**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **D.K.** 6. (c) Age of husband or wife if alive **D.K.** years

7. Birth date of deceased **8 1 1860**

8. AGE: Years **86** Months **7** Days **13** If less than one day hr. min.

9. Birthplace **New York City** (City, town, or county) (State or foreign country) **1**

10. Usual occupation **none**

11. Industry or business _____

12. Name **Wisberg** **4**

13. Birthplace **Germany** (City, town, or county) (State or foreign country) **1**

14. Maiden name **D.K.**

15. Birthplace **D.K.** (City, town, or county) (State or foreign country) **1**

16. (a) Informant **Hospital Records**

(b) Address **Fulton Mo.**

17. (a) **Remial** (Burial, cremation, or removal) (b) Date thereof **Mar. 17, 1947** (Month) (Day) (Year)

(c) Place: burial or cremation **St. James, Mo**

18. (a) Signature of funeral director **Glen Y. Manquin**

(b) Address **712 Cant Fulton Mo.**

19. (a) **3-14-1947** (Date received local registrar) (b) **Joseph Morawickoff** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **14** year **1947** hour **7.30** minute **18** M.

21. I hereby certify that I attended the deceased from **3-11-47**, 19, to **3-14-47**, 19, and that death occurred on the date and hour stated above.

Immediate cause of death **Hypotatic Pneumonia.**

Contributory cause
Carcinoma left breast.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **50**

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)

(e) Means of injury **0**

Signature **R.P. Price** (M. D. or other) **0**

Address **Fulton Mo.** Date signed **3-14-47**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

by R. F. Price.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-18-47

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 Glen Y. Manzer
Licensed Embalmer No. 12725
P. O. Address Fulton, 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.