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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. **29457**  
Registrar's No. **7334**

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
Room 419 Mo. Theatre Building **3**  
(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) 45 years

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000

(c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. 606 Hamilton Avenue **9**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROSE RONDBERG (aka COOPER)

3. (b) If veteran, name war No 3. (c) Social Security No. 499-28-1137

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Nat Cooper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About 1897  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1947 hour 3 minute 35 P.M.

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

About 50 hr. \_\_\_\_\_ min.

9. Birthplace Russia **6**  
(City, town, or county) (State or foreign country)

Immediate cause of death Chronic Endocarditis  
In Interstitial Nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Seamstress

11. Industry or business Knickerbocker Clothing Co

12. Name Abraham Pituoff

13. Birthplace Russia **6**  
(City, town, or county) (State or foreign country)

14. Maiden name Esther (unk)

15. Birthplace Russia **6**  
(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 Herman Rondberg

(b) Address 5769 Westminster

17. (a) Burial (b) Date thereof 8/6/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) AUG 6 1947 (b) J. F. Buddek  
(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature of \_\_\_\_\_ (M. D. or other) **3**  
Address \_\_\_\_\_ Date signed 8/6/47

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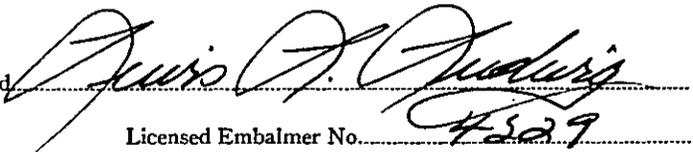
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**STATEMENT BY LICENSED EMBALMER**

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. 4329

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.**