

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28160
Registrar's No. 7071

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:
Jewish Hosp of St Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 wks (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

(c) City or town ST. LOUIS, MO
(If outside city or town limits, write "RURAL")

(d) Street No. Laclede Hotel
520 Chestnut St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
25
If yes: name country _____

3. (a) PRINT FULL NAME Adolph Rosenthal

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1948 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 4
1948 to Aug 10 1948

that I last saw him alive on Aug 10 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema
& aneurysm

Duration _____

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

Abt. 65 - - - hr. min.

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

10. Usual occupation Retired

11. Industry or business Clerical Clerk

12. Name Samuel Rosenthal

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

14. Maiden name Caroline West

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

16. (a) Informant Rose Rosenthal

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 8-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Herman Rudolph

(b) Address St. Louis

19. (a) Aug 12 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations CS of bladder (Urinary)

Of autopsy CS of bladder + atherosclerosis + pulmonary edema

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 _____

23. Signature Alvin Goldfarb M.D. or other _____

Address 216 S. Kingshighway Date signed 8/10/48

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 *John Keller*.....

Licensed Embalmer No. 3880.....

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.