

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3193Registrar's No. 378

FILED JAN 29 1949

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5931 Washington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>Rotenberg</u>	
c. (Last) <u>Rotenberg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>Abt. 65</u>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Zolman Klinsky</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Rotenberg</u> ADDRESS <u>7526 York Drive</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia left Cerebral Hemisph</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>glauc</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>11/8</u> , 19 <u>41</u> , to <u>1/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/12</u> , 19 <u>49</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Arthur E. Straub MD</u>		23b. ADDRESS <u>539 N. Grand</u>	
23c. DATE SIGNED <u>1/13/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. R. ...</u> ADDRESS <u>5216 Delmar</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 13 1949</u> <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John Keller

Signed _____
Student Embalmer

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.