

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3611

FILED FEB 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1182</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. LENGTH OF STAY (in this place) _____		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>Manchestery Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>4826a Easton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>YETTA</u>		b. (Middle) _____		c. (Last) <u>ROSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> (Specify)		8. DATE OF BIRTH <u>June 20, 1890</u>		
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. 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 <u>USA</u>		
13a. FATHER'S NAME <u>Nat Mavzinsky</u>			13b. MOTHER'S MAIDEN NAME <u>Unk</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs L. Tabachnic 9501 Olive St. Rd.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> <u>Bronchial pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chc. Myocarditis</u> <u>Chc myocarditis</u> DUE TO (c) <u>Seal arteriosclerosis</u> 11. OTHER SIGNIFICANT CONDITIONS <u>General arteriosclerosis</u> 932 411					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</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) <u>no</u>		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) _____		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>Aug</u> , 19 <u>48</u> , to <u>Jan 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 19, 1949</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Cherry M.D.</u>				23b. ADDRESS <u>Creve Coeur, Mo.</u>		23c. DATE SIGNED <u>1-20-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>Univ. City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-22-49</u>		REGISTRAR'S SIGNATURE <u>Harold V. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>				

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Alvaro Rudwig

Licensed Embalmer No. 4229

Signed _____
Student Embalmer

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.