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0.48

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5887**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital		d. STREET ADDRESS (If rural, give location) W.R. 3553 St. Joachim Lane	

3. NAME OF DECEASED (Type or Print) Reuben	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 5 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH unknown - abt - 51	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER	10b. KIND OF BUSINESS OR INDUSTRY Film Exchange	11. BIRTHPLACE (State or foreign country) East Orange, N. J.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Morris Rosenblatt	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ruth Rosenblatt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. Rosenblatt-3553 St. Joachim	ADDRESS
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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, anethesia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) and occlusion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) St. Louis 94th
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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? 42nd
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22. I hereby certify that I attended the deceased from **Jan 15, 1949**, to **July 5, 1949** that I last saw the deceased alive on **July 5, 1949**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Michael M. Karl, M.D.	(Degree or title)	23b. ADDRESS 3720 Washington Blvd.	23c. DATE SIGNED July 5 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/6/49	24c. NAME OF CEMETERY OR CREMATORY Newark,	24d. LOCATION (City, town, or county) (State) Newark, New Jersey
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DATE REC'D BY LOCAL REG. JUL 6 1949	REGISTRAR'S SIGNATURE J. B. Pasater	FUNERAL DIRECTOR'S SIGNATURE Terrence R. ...	ADDRESS 5316 ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student
Student Embalmer

Signed

John Ketter
.....
Licensed Embalmer No. *3880*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.