

DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39236

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10068**

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 St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 212 N. Kingshighway/		d. STREET ADDRESS (If rural, give location) 127 212 N. Kingshighway	

3. NAME OF DECEASED (Type or Print) a. (First) ADOLPH b. (Middle) c. (Last) ROSENFELD			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1949		
5. SEX Male		16. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		8. DATE OF BIRTH Unknown	
11. BIRTHPLACE (State or foreign country) Lithuania			9. AGE (In years last birthday) Abt. 85		
12. CITIZEN OF WHAT COUNTRY? U.S.			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Israel Rosenfeld		13b. MOTHER'S MAIDEN NAME Hannah Price		14. NAME OF HUSBAND OR WIFE Tillie N. Rosenfeld	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. Rosenfeld-212 N. Kingshighway	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 24 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		DUPLICATE TO (b) Hypertension - Heart Disease			DUPLICATE TO (c) 3 years.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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) 93rd	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Hit by car	

22. I hereby certify that I attended the deceased from Feb., 1933, to Nov., 1949, that I last saw the deceased alive on Nov 21, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alfred Goldstein M.D.		23b. ADDRESS 634 No. Grand		23c. DATE SIGNED Nov. 21/49	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 11/23/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. NOV 23 1949		REGISTRAR'S SIGNATURE J B Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harman Rudakoff Inc 5216 Delmar	
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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 _____

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.