

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35815

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076 Registrar's No. 2478

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2478	
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural: Airport Township</i>		c. LENGTH OF STAY (in this place) <i>3 months</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS 2069</i>		d. STREET ADDRESS (If rural, give location) <i>1339 Temple</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>Rose</i>		b. (Middle)		c. (Last) <i>Tropolsky</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 14 50</i>	
5. SEX <i>Female</i>		6. COLOR OF RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>unk</i>	
9. AGE (In years last birthday) <i>at 90</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>unk. Perzman</i>		13b. MOTHER'S MARYEN NAME <i>unk</i>		14. NAME OF HUSBAND OR WIFE <i>Israel</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>unk</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Clara Feldman 1339 Temple</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary edema</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertensive and arteriosclerotic heart disease</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>  <i>many years</i>  <i>4200</i>	
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) m.		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 <i>March 12, 1950</i> , to <i>October 14, 1950</i> , that I last saw the deceased alive on <i>March 12, 1950</i> , and that death occurred at <i>11:30 AM</i> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Archie Hannon M.D.</i>				23b. ADDRESS <i>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</i>		23c. DATE SIGNED <i>10/12 50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10/10/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Good Shepherd</i>		24d. LOCATION (City, town, or county) (State) <i>Annandale City Mo.</i>	
DATE REC'D BY LOCAL REG <i>OCT 15 1950</i>		REGISTRAR'S SIGNATURE <i>E. Rombo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Berger Memorial 415 The Pylon</i>			

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 *Devis A. Ludwig*

Licensed Embalmer No. 4329

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.