

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43296

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 11056

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY 27.59			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 23 St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS City Hosp. #1-1575 Lafayette					
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle)		c. (Last) ROSSNER			
4. DATE OF DEATH DEC. 11, 1951		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unk		9. AGE (In years last birthday) Ab. 70			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Int. Decorator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) USSR 6			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unk. Rossner		13b. MOTHER'S MAIDEN NAME Unk			
14. NAME OF HUSBAND OR WIFE Fannie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no; if yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Jack Rossner		ADDRESS 6727a Bartmer					
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) <u>Gastric hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 151X			
22. I hereby certify that I attended the deceased from <u>12-11-51, 19</u> , to <u>12-11-51, 19</u> , that I last saw the deceased alive on <u>12-11-51, 19</u> , and that death occurred at <u>8:45P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Spencer Boyer M.D.</u>		(Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Avenue			
23c. DATE SIGNED 12-12-51		24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 12/14/51			
24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha		24d. LOCATION (City, town, or county) (State) University City Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 14 1951 <u>Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson			

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. _____

4539

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.