

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3260**
Registrar's No. **0859**

FILED FEB 14 1952 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000**

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 HOSPITAL OR INSTITUTION Jewish Hosp.		e. STREET ADDRESS (If rural, give location) 1355a Clara	

3. NAME OF DECEASED (Type or Print) SHIRLEY ROZEN			4. DATE OF DEATH (Month) (Day) (Year) JAN 27 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-7-1929		9. AGE (In years last birthday) 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Oscar Burstein		13b. MOTHER'S MAIDEN NAME Rose Rabushka		14. NAME OF HUSBAND OR WIFE Saul Rozen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-28-0225		17. INFORMANT'S SIGNATURE OR NAME Saul Rozen	
				ADDRESS 1355a Clara	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS			DUPLICATE			1 week		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) ARTERIAL HYPERTENSION			2 years +		
			11. (c) INTERCAPILLARY GLOMERULOSCLEROSIS			2 years +		
			DUE TO (d) DIABETES MELLITUS			18 years		
			II. OTHER SIGNIFICANT CONDITIONS					
			Conditions contributing to the death but not related to the disease or condition causing death. CONGESTIVE HEART FAILURE			2 WEEKS		

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X	
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22. I hereby certify that I attended the deceased from 1948, to 1/27, 1952, that I last saw the deceased alive on 1/26, 1952, and that death occurred at 6:32 a.m., from the causes and on the date stated above.

23a. SIGNATURE David Goodlander M.D.		23b. ADDRESS 539 N. GRAND, ST. LOUIS, MO.		23c. DATE SIGNED 1/27/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-28-52		24c. NAME OF CEMETERY OR CREMATORY BETH HAM HAG CEM.		24d. LOCATION (City, town, or county) (State) Ladue, Mo.	
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DATE REC'D BY LOCAL REG. JAN 28 1952		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Julius A. Rudurg*

Signed

Student Embalmer

Licensed Embalmer No. 4229

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.