

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25233**
Registrar's No. **5962**

318

REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5962	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 4 WKS		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 956 Catalpa			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA		b. (Middle) _____		c. (Last) ROSENTHAL		4. DATE OF DEATH (Month) (Day) (Year) June 23, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 18, 1882		9. AGE (In years last birthday) 73 If under 1 year: Months _____ Days _____ If under 4 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Moishe Philevich			13b. MOTHER'S MAIDEN NAME (unk)		14. NAME OF HUSBAND OR WIFE Jacob Rosenthal		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sidney Rosenthal 956 Catalpa			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc.. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? CARDIAC ARYTHMIA DUE TO (c) ARTERIOSCLEROTIC HT. DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS				INTERVAL BETWEEN ONSET AND DEATH 50 min "	
19a. DATE OF OPERATION 6-12-56		19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF ASCENDING COLON				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) _____		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 5:31 , 19 56 , to 6:23 , 19 56 , that I last saw the deceased alive on 6:23 , 19 56 , and that death occurred at 7:50 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kenneth Dean Serkes M.D.				23b. ADDRESS 216 S. Kingshighway Blvd		23c. DATE SIGNED 6.24.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/25/56	24c. NAME OF CEMETERY OR CREMATORY Chevera Kadisha Cem.		24d. LOCATION (City, town, or county) (State) University City Mo.		
DATE REC'D BY LOCAL REG. JUN 25 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 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.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *357*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.