

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39750
STATE FILE NUMBER
10348

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in 1b 10 days	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM ROSENTHAL		4. DATE OF DEATH Month Day Year 11 11 56	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Vice-President		10b. KIND OF BUSINESS OR INDUSTRY The Purdy Co.	11. BIRTHPLACE (City and state or country) Chicago, Illinois
13. FATHER'S NAME Martin Rosenthal		14. MOTHER'S MAIDEN NAME Sarah Sommer	
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. 497-09-6405	
17. INFORMANT Richard S. Rosenthal-79 Arundel Place		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Cerebroarteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebroarteriosclerosis DUE TO (c) Myocardial infarction, old PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis, general and collateral			INTERVAL BETWEEN ONSET AND DEATH 11 days 3 years 5 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 1 1956 to Nov 4 1956 and last saw her alive on 11/11/56 Death occurred at 11:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lewellyn S. Hall Jr.		22b. ADDRESS 100 N. Euclid St. Louis	
22c. DATE SIGNED 11/12/56		22d. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 11-12-56	
23c. LOCATION (City, town, or county) St. Louis County, Missouri		23d. STATE (State)	
24. FUNERAL DIRECTOR C. R. Lupton & Sons-8		25. DATE RECD. BY LOCAL REG. NOV 13 1956	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

300
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Clarence H. Murrin*

Licensed Embalmer No. *46*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.