Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027395
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7279

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hamilton Med. Center — Length of stay in Institution 50 yrs.	d. STREET ADDRESS (If outside, give location) 3352a Clara — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NATHAN Middle Last ROSENTHAL			4. DATE OF DEATH Month July Day 23 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Jan. 15, 1887	9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee	10b. KIND OF BUSINESS OR INDUSTRY Garm. Manf.	11. BIRTHPLACE (City and state or country) Roumania	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unk. Rosenthal	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Ida		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Rose Ingher Address 3352a Clara		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia — ~4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Congestive, Prostatism — years

DUE TO (c) 526X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes, Hypertensive Cardiovascular Renal Dis.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 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 Aug 55, to 7/23/58 and last saw her/him alive on 7/21/58. Death occurred at about 7 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward Lemella (Degree or title) MD — 22b. ADDRESS 3720 Washington — 22c. DATE SIGNED 7/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 7/25/58 — 23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol — 23d. LOCATION (City, town, or county) Ladue, Mo. (State)

24. FUNERAL DIRECTOR Berger Memorial — ADDRESS 4715 McPherson — 25. DATE RECD. BY LOCAL REG. JUL 24 58 — 26. REGISTRAR'S SIGNATURE Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Lewis P. Ludwig

Licensed Embalmer No. 7229

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.