

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034258

FILED VS SEP 16 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8055** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 days	c. CITY OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6309 North Rosebury		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALEX (AKA ALEXANDER) Middle ROSEN Last			4. DATE OF DEATH Month Aug. Day 30 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/1/1980	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____ Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY Fixture Manf.	11. BIRTHPLACE (City and state or country) Russia	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harry Rosen		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Mary	
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. Unk.	17. INFORMANT Address Mrs. Rose Levy 6309 No. Rosebury		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Wound disruption				18 hrs.?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Bile peritonitis		8 days	
		DUE TO (c) ac. cholecystitis. Cholelithiasis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 584x				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) 584x			
20c. TIME OF INJURY Hour _____ 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 Aug. 20 to Aug. 29 and last saw ^{her} him alive on Aug. 29 Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul S. Lowenstein, M.D. (Degree or title)		22b. ADDRESS 457 N. Kings Highway		22c. DATE SIGNED 8/31/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8/31/59	23c. NAME OF CEMETERY OR CREMATORY Ghesed Shel Emeth		23d. LOCATION (City, town, or county) University City, Mo.
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. AUG 31 1959		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

EXTENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

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 _____

Lawrence J. Davis

Licensed Embalmer No. 3988

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.