

AMENDED FILED VS MAR 7 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1892 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b	c. CITY OR TOWN Clayton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 28 Southmoor Drive
3. NAME OF DECEASED (Type or print) EARL		First Middle Last ROSEN	4. DATE OF DEATH February 24, 1961
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 2/19/99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Broker		10b. KIND OF BUSINESS OR INDUSTRY Food	9. AGE (last birthday) 62
11a. FATHER'S NAME Louis Rosen		11b. MOTHER'S MAIDEN NAME Hattie Benjamin	11c. BIRTHPLACE (City and state or country) St. Louis, Missouri
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) Unk.		12b. SOCIAL SECURITY NO. Unk.	12c. NAME OF HUSBAND OR WIFE Janet Rosen
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture Abdominal Aortic Aneurysm - base		INTERVAL BETWEEN ONSET AND DEATH ?	
DUE TO (b) arterio-sclerosis		451 X	
DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 1957 to 10 9/24/61 and last saw him alive on 2/27/61 Death occurred at 3:25 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arthur E. Strauss, M.D.		22b. ADDRESS 3720 Washington	22c. DATE SIGNED 2/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/26/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar		25. DATE RECD. BY LOCAL REG. FEB 24 1961	26. REGISTRAR'S SIGNATURE Harold Smith, M.D.

O.K. David Strauss

x Missouri
 x 28 Southmoor Drive
 x St. Louis, Missouri
 x 2/19/99
 x 1991
 x 1991

Jewish Hospital
 St. Louis
 White
 Food Broker
 Louis Rosen
 Food
 St. Louis, Missouri
 Janet Rosen
 Mrs. L. Rosen-28 Southmoor Dr.
 Unk.

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 *Peter P. Dubouillet*

Licensed Embalmer No. 3691
 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.

MISSOURI

HERMAN KISHKO & INC. ST. LOUIS, MISSOURI