

FILED VS. MAR 13 1961  
Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1919

AMENDED

DATE AMENDED: 3/20/61, 3/20/61  
INSTEAD OF: Bettie Rosenberg, Bettie Rosenberg  
SHOULD READ: Nettie Rosenberg, Nettie Rosenberg  
BY AFFIDAVIT OF Funeral Director: Bettie Rosenberg, Nettie Rosenberg

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>840 N. McKnight</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ABRAHAM</b> Middle <b>J.</b> Last <b>ROSENBERG</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>24</b> Year <b>1961</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Unknown</b>	
9. AGE (last birthday) <b>about 75</b>		IF UNDER 1 YEAR Months <b>75</b> Days		IF UNDER 24 HR Hours <b>75</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Garment Manf.</b>		11. BIRTHPLACE (City and state or country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>William Rosenberg</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah (unk)</b>			14. NAME OF HUSBAND OR WIFE <b>Bettie Nettie Rosenberg</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT <b>Nettie Bettie Rosenberg 870N. McKnight</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive cerebral Hemorrhage</b> DUE TO (b) <b>Arteriosclerosis, cerebral</b> DUE TO (c) <b>331x</b> Interval between ONSET AND DEATH <b>36 hours</b> <b>?</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parkinson's Disease</b>							
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 type="checkbox"/> NO <input checked="" 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 <b>1</b> 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 <b>1927</b> to <b>present</b> and last saw him alive on <b>2/24/61</b> Death occurred at <b>8:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Alfred Feldman M.D.</b>				22b. ADDRESS <b>674 N. Grand</b>		22c. DATE SIGNED <b>2/25/61</b>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>None</b>		23b. DATE <b>2/26/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Beth Ameshosh Hagodol</b>		23d. LOCATION (City, town, or county) (State) <b>Ladue, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Berger Memorial 4715 McIherson</b>				25. DATE RECD. BY LOCAL REG. <b>FEB 26 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

MEDICAL CERTIFICATION

**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 *Robert J. Berni*  
Licensed Embalmer No. 3788

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.