

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009390

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 551

FILED MAR 2 1962  
 1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN University City Length of stay in 1b 1 yr  
 c. CITY OR TOWN University City Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 750 Westgate Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Joseph Rosenfield 2-14-1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-15-1885 9. AGE (last birthday) 76  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Confections 11. BIRTHPLACE (City and state or country) USSR 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Judah Rosenfield 13b. MOTHER'S MAIDEN NAME Fissel (unk) 14. NAME OF HUSBAND OR WIFE Rose

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. None 17. INFORMANT Address Mrs. Rose Rosenfield 750 Westgate

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Dis. INTERVAL BETWEEN ONSET AND DEATH 7 yrs.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Dis 7 yrs.  
 DUE TO (c) Congestive Failure 7 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 Oct 1956 to Feb 14, 1962 and last saw him alive on Feb 13, 1962  
 Death occurred at 9:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Wesley Chusky MD 22b. ADDRESS 6223 West Bridge 22c. DATE SIGNED 2/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-15-62 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. 23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson 25. DATE RECD. BY LOCAL REG. 2-15-62 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

VS 300 Rev. 4/59.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Andrew 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.