MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-020924

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5097 STATE FILE NUMBER

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 2; INSTEAD OF; SHOULD READ; ITEM NO.; BY AFFIDAVIT OF; DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4910 West Pine — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Tillie — Middle — Last Rosenfeld

4. DATE OF DEATH: Month May Day 19 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑

8. DATE OF BIRTH

9. AGE (last birthday): Abt 86 — 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)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Russia

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Unk

13b. MOTHER'S MAIDEN NAME: Unk

14. NAME OF HUSBAND OR WIFE: Adolph Rosenfeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Milton Rosenfeld — Address: 8312 Del Crest Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gangrene right foot — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive - Arteriosclerotic C-V Disease — 20 yrs
DUE TO (c): 442X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral thrombosis - 2 yrs

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 4/21/39, to 5/19/62 and last saw her/him alive on 5/18/62
Death occurred at 135 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Morris Alex Mud

22b. ADDRESS: 3720 Washington Ave

22c. DATE SIGNED: 5/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5-20-62

23c. NAME OF CEMETERY OR CREMATORY: Mt. Sinai Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Herman Rindskopf Inc 5212 Delmar

25. DATE RECD. BY LOCAL REG.: MAY 19 1962

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 B. Dubroullet

Licensed Embalmer No. 3691

P. O. Address Ft Lauderdale

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.