

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040676

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9521**

FILED OCT 19 1962

VS 300
Rev. 4/59

1
42002,3

3

4 1

5 2

6

7 2

8 2

9

10

11

12 64-0

13

64

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 8 wks.		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 7521 York Dr.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ESTHER Middle ROSENTHAL Last			4. DATE OF DEATH Month Oct. Day 4 Year 1962			9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
5. SEX Female		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 2-9-1887		11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE Joseph					
13a. FATHER'S NAME Unk. Dourb				13b. MOTHER'S MAIDEN NAME Unk.			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 Harold Rosenthal 7457 York				Address			
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 disease DUE TO (b) Generalized arteriosclerosis DUE TO (c) 420.0F Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Interlochanteric fracture right hip								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 2/5/53 to 10/4/62 and last saw her alive on 10/4/62 Death occurred at 4 P. m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE Max S. Franklin M.D.		22b. ADDRESS 607 N. Grand Ave.		22c. DATE SIGNED 10/5/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 10/5/1962		23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol		23d. LOCATION (City, town, or county) Ladue, Mo.		23e. STATE			
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson				25. DATE RECD. BY LOCAL REG. OCT 5 1962		26. REGISTRAR'S SIGNATURE Coak Smith, M.D.					

OK
John S. Taylor
Coroner 10-8-62

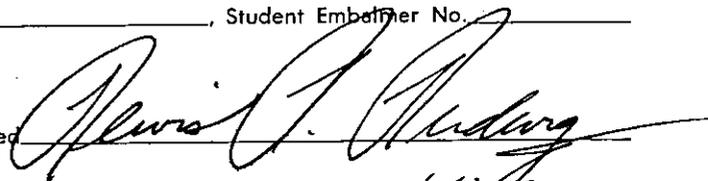
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4229

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.