

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 791  
1008

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) Country St. Louis  
(b) City or town Mo.  
(c) Name of hospital or institution: 5564 Delmar Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5564 Delmar Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Rosa Hecht  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 25  
year 1939 hour 12 minute 45 P M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 20, 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1939 to June 25, 1939  
that I last saw her alive on June 21, 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 ----- 4 hr. min.

Immediate cause of death  
Memoria  
Due to arterio-sclerotic heart disease + Chronic nephritis  
Duration months  
Years

9. Birthplace Louisville, Ky.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: MI

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name Herman Harris  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Blitz  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Sydney Hecht  
(b) Address 5564 Delmar Blvd.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof June 26, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Sinai Cem.

18. (a) Signature of funeral director Herman Rudolph  
(b) Address 5216 DELMAR BLVD

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

19. (a) JUN 25 1939  
(Date received local registrar) (Registrar's Signature)

23. Signature Ruevelyn Sale (M. D. or other) M.D.  
Address 4500 Olive Date signed 6/26/39

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Charles Cooper  
Licensed Embalmer No. 3830  
P. O. Address 5216 Delmar

**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 this body is not embalmed, above space should be left blank.**