

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 106

REC'D AUG 1 1939

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St Charles Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 22 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
 (c) City or town St Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 339 & N. MAIN ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Samuel ROSENBLUM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FANNIE ROSENBLUM 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 4 1876
 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation TAILOR

11. Industry or business Mens Tailor

12. Name Shimona Rosenblum

13. Birthplace Russia
 (City, town, or county) (State or foreign country)

14. Maiden name Lara Schneider

15. Birthplace Russia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Isidor Rosenblum

(b) Address 5927 Page - St. Louis - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-39
 (Month) (Day) (Year)

(c) Place: burial or cremation Cherish Kadasha

18. (a) Signature of funeral director Oxenhander

(b) Address 4469 Washington Blvd

19. (a) 7/26/39 (Date received local registrar) (b) Clarence S. Mosser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1939 hour 3:12 minute 0 A. M.

21. I hereby certify that I attended the deceased from October 15, 1938, to July 26, 1939;

that I last saw him alive on July 26, 1939 and that death occurred on the day and hour stated above.

Immediate cause of death Chronic cardiac failure and pulmonary edema @ Bronchopneumonia, bilateral.

Due to Coronary artery disease

Due to Chronic myofibrillar heart

Due to decompensation

Other conditions None
 (include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury no

23. Signature Clarence S. Mosser M.D. (M. D. or other)
 Address St. Charles, Missouri Date signed 7-26-39

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE

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.....

W J O'Connell, Registered Apprentice No. (3669)
working under my personal supervision.

Signed *W J O'Connell*
Licensed Embalmer No. 3669
P. O. Address 4469^a Washington Pl.

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.