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

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19611

State File No. 17314

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. D 558

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2801 S. 17th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BERTHA ROSEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julius Rosen

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug. (Month) 9th. (Day) 1876 (Year)

8. AGE: Years 64 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business Home

MOTHER FATHER
12. Name Isreal Feltenstein
13. Birthplace unknown (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Bettsie Singer
15. Birthplace unknown (City, town, or county) Austria (State or foreign country)

16. (a) Informant Harold Rosen
(b) Address Ashville, North Carolina

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5--27--41 (Month) (Day) (Year)
(c) Place: burial or cremation Sharre Sholem

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph Mo.

19. (a) May 27-1941 (Date received local registrar) (b) W. J. Hostlebusch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th. year 1941 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from 4/21 1941, to 5/26 1941; that I last saw her alive on 5/25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypostatic Bronchopneumonia — 1 day
Myocardial Failure — 1 week
Due to Congestive Arteriosclerosis
Generalized Arteriosclerosis
Due to

Other conditions (Include pregnancy within 3 months of death) 94 IN

Major findings: Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harvey N. Rosenthal (M. D. or other) 94 D
Address Patrick Bldg. Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

JUN 20 1941

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 Geo. E. Daniel

Licensed Embalmer No. 3955

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.