

SEP 4 1942 318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 127
(d) Street No. 5038 Cates Ave. (If rural, give location) 9
(e) Citizen of foreign country? Registered Alien # 1841466 (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MARY ROSEN

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

4. Sex female / race white 5. Color or / 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife. Alex Rosen 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased. (unknown)
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 60 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Solomon Bennett

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

14. Maiden name Rachel (unk)

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

16. (a) Informant Albert Rosen

(b) Address 2611 Burd

17. (a) burial (b) Date thereof 8/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director. Berger Memorial

(b) Address 4715 McPherson

19. (a) _____ (b) J. J. Bredack
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 29
year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from AUGUST 28
1942 to AUGUST 29 1942
that I last saw her alive on AUGUST 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. CORONARY OCCLUSION Duration 9 days
Due to HYPERTENSIVE & ARTERIOSCLEROTIC HT DISEASE YEARS

Other conditions DIABETES MELLITUS " "
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature J. J. Bredack (M. D. or other) MD
Address Jewish Hospital Date signed 8/29/42

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

1006 30 1019

844 (Licensed Embalmer's Statement on Reverse Side)

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.....



Licensed Embalmer No.....

1597

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