. No. 2
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X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19979 5404

Registration District No. JUN 13 1943 318

Primary Registration District No. 1003

Registrar's 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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 8 years

2. USUAL RESIDENCE OF DECEASED: 991

(a) State Ill (b) County 11

(c) City or town Alton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3004 Broadway N.R.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sydel Rosen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Dec. (Month) 30 (Day) 1920 (Year)

8. AGE: Years 22 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Newark N. J. (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

FATHER
12. Name Louis Berman
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Cussie Bressman
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Louis Rosen
(b) Address 3004 Broadway Alton Ill.

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

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director O. Kerhandler
(b) Address 4469 Washington

19. (a) JUN 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day June year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 6-8- 1943, to 6-10 1943 that I last saw h. alive on 6-10- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Spinal Meningitis	2 days
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas. S. Rosen (M. D. or other)
Address 408 Humboldt Bldg. Date signed 6-12-43

(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 W B Kenhandler

Licensed Embalmer No. 3669

P. O. Address .....

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

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