

FILED JUL 24 1943 818
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6404

1. PLACE OF DEATH:

(a) County: St. Louis

(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 Orthodox Old Folks Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months
(Specify whether years, months or days)

In this community 56 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
176

(c) City or town: St. Louis

(d) Street No. 1438 East Grand 1614 Burd
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Hyman Rosenzweig

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: White

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

6. (b) Name of husband or wife: Lena Rosenzweig

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

7. Birth date of deceased: unk
(Month) (Day) (Year)

8. AGE: Years about 88
Months _____ Days _____
If less than one day: _____ hr. _____ min.

9. Birthplace: _____ U.S.S.R. 6
(City, town, or county) (State or foreign country)

10. Usual occupation: retail merchant

11. Industry or business: retired

MOTHER FATHER

12. Name: Hirsch Rosenzweig

13. Birthplace: _____ U.S.S.R. 6
(City, town, or county) (State or foreign country)

14. Maiden name: Miriam (Unk)

15. Birthplace: _____ U.S.S.R. 6
(City, town, or county) (State or foreign country)

16. (a) Informant: Home records

(b) Address: 1438 E. Grand ave.

17. (a) Burial, cremation, or removal: burial

(b) Date thereof: July 15, 43
(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) Date received local registrar: JUL 15 1943 (b) J. F. Buddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1943 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from March 19 43 to July 9 43
that I last saw him alive on July 9 43
and that death occurred on the date and hour stated above.

Immediate cause of death: Removal of chest - Cancer

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: none

Duration _____

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: Dr. Elgaloff (M. D. or other) red

Address: University Club Bldg. Date signed: 7/14/43

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

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.