

ED SEP 3 1943

Registration District No. **318**

Primary Registration District No.

Registrar's No. **7636**

1. PLACE OF DEATH:

(a) County ST LOUIS MO.
(b) City or town ST LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST ANTHONY'S HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS.
(Specify whether
In this community 5 DAYS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 176
(c) City or town ST LOUIS MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 3601 OAK HILL AV.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME HARRY B. ROSENTHAL.

3. (b) If veteran, name war — 3. (c) Social Security No. NONE.

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased AUG 20 1943.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 1 hr. — min.

9. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name ELMER S. ROSENTHAL.
13. Birthplace LOUISVILLE KY.
(City, town, or county) (State or foreign country)
14. Maiden name OCTAVIA STRAUB.
15. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant ELMER S. ROSENTHAL

(b) Address 3601 OAK HILL AV

17. (a) BURIAL (b) Date thereof AUG 25 1943
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST PETER & PAUL

18. (a) Signature of funeral director Math Hermann

(b) Address 405 25th St

19. (a) 8-25-43 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1943 hour 11:15 P.M. minute — M.

21. I hereby certify that I attended the deceased from Aug 20 19 43 to Aug 24 19 43
that I last saw her alive on Aug 27 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death aneurism Duration 8-20-43

Due to exploded aortic fetus 5-21-43

Due to 161

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations none Of autopsy none

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

22. If death was due to external causes, fill in the following: no
(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 W. C. Schenck (M. D. or other) MD.
Address 33188 Grand Date signed 8-25-43

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

Mr. Ross

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.

Not Embalmed
Signed.....

Licensed Embalmer No.....

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.