

FILED OCT 22 1943

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33484

Registrar's No. 9116

Registration District No. _____

Primary Registration District No. 1003

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nathan Rosenbaum

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosie Rosenbaum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Grocer
11. Industry or business Selling Groceries

MOTHER { 12. Name Mosha Rosenbaum
13. Birthplace Russia
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Chia Buckum
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Jordan

(b) Address 1970 Semple Removal

17. (a) (b) Date thereof 10-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Rapids IOWA

18. (a) Signature of funeral director Chenhardt

(b) Address 4469 Washington

19. (a) OCT 16 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5575 Wells Ave (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 43 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from March
9 1943 to Oct-15 1943
that I last saw him alive on Oct-15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery thrombosis Duration 3 hrs.

Due to Arteriosclerosis of coronary arteries ?

Due to _____

Other conditions Ch. Bronchitis
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 John Hammond (M. D. or other) M.D.

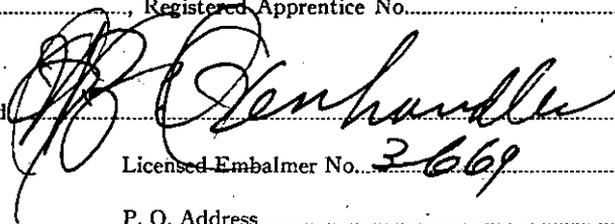
Address 434 N. Grand Date signed 10/15/43

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. 3669

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.