

FILED MAR 20 1944
Registration District No. 8718

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2391

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 176
(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")
(d) Street No. 1408 Blackstone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Max M. Rosenfeld

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 married

6. (b) Name of husband or wife Esther Rosenfeld 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 8th 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Wurtenburg Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Paperhanger & Painter

11. Industry or business Retired

12. Name Joseph Rosenfeld

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Amelia (unk)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant David C. Rosenfeld

(b) Address 7005 Plymouth

17. (a) burial (b) Date thereof 3/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAR 12 1944 (b) J. H. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1944 hour 11 minute 15A M.

21. I hereby certify that I attended the deceased from Feb. 25, 1944 to March 11, 1944
that I last saw him alive on March 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial infarct months
arterio-sclerosis years
arterio-sclerosis heart years
stroke years
Brain tissue years
Edema of brain hours
Other conditions Pulmonary congestion from
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy as above 93
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 0
23. Signature Lavelle Sale (M. D. or other) _____
Address 4500 Pine Date signed 3/12/44

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.