

FILED APR 26 1944

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **3571**

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Creve Coeur (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. Graves Rd NB  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AMELIA ROSENFELDER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1944 hour 8:45 minute AD M.

21. I hereby certify that I attended the deceased from 2 weeks \_\_\_\_\_, 19\_\_\_\_, to Apr 15 \_\_\_\_\_, 1944  
that I last saw her alive on 4/14/44 \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late George M. Rosenfelder 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 2nd 1875  
(Month) (Day) (Year)

Immediate cause of death: Sub Arachnoid (Medulla) hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

69 1 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Wertz

13. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mueller

15. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

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 W. Hefer (M. D. or other) MD  
Address 2602 S. Grand Date signed 4/17/44

16. (a) Informant Leona Spitzberg

(b) Address 2209 Blenden Pl.

17. (a) Burial (b) Date thereof 4-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director W. Hefer

(b) Address 4228 So. Bridgeton Hwy. Bldg

19. (a) APR 18 1944 (Date received local registrar)

J. F. Brubaker (Registrar's signature)

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

00  
17  
9

Mr. Walter Hooper Orsine  
2602 So. Grand 12-3

**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 Elaine M. Marshall  
Licensed Embalmer No. 3024  
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.**