

Registration District No. 317 Primary Registration District No. 3064

96
6
2

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
250 Suburban Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 250 Suburban Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin Rosenthal
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG. day 21
year 1944 hour 2 minute 30 A. M.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Rosenthal 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 2, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-1-44 to 8-21-44
that I last saw him alive on 8-21-44 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death: Chronic myocardial infarction
Due to arteriosclerosis
Due to arteriosclerosis
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: no
Of operations: no
Of autopsy: no

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Attorney at Law
11. Industry or business Law Office

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) L
(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 _____

MOTHER FATHER
12. Name Joseph Rosenthal
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Rosenthal
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Ida Rosenthal
(b) Address Ferguson, Missouri
17. (a) Burial (b) Date thereof 8/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director L. M. White
(b) Address Ferguson, Missouri
19. (a) AUG 24 1944 (b) C. W. Murray, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature Ray Johnson (M. D. or other) _____
Address Ferguson, Mo. Date signed 8/23/44

FEB 5 1946

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address: Ferguson, Mo.

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.