

**FILED NOV 10 1948**

Primary Registration District No. **1003**

Registrar's No. **9221**

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:  
**Jewish 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 **Life** **1**  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **5370 Pershing Ave**  
 (If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME **Rosalie Kaufman**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **October 27, 1869**  
 (Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **27**  
 If less than one day **0** hr. **0** min.

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

10. Usual occupation **School teacher**

Industry or business **Louis Kaufman**

11. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

12. Maiden name **Phoebe Gershon**

13. Birthplace **England**  
 (City, town, or county) (State or foreign country)

14. Informant **Chas Rice**

(b) Address **#1 Oak Knoll**

17. (a) **Cremation** (b) Date thereof **10/31/44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **J. Mayer**  
 (b) Address **4356 Lindell Blvd**

19. (a) **OCT 31 1944** (b) **J. F. Broad**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **28**  
 year **1944** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **1914** to **Oct. 28** 19**44**

that I last saw her alive on **Oct. 28** 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hemopericardium**

Due to **Perforation of ventricle**

Due to **Coronary artery occlusion**

Due to **Diabetes mellitus**

Other conditions **61**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy **as above**

Duration  
**Five**  
**minutes**  
**Five**  
**years**

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **Levell** (M. D. or other)  
 Address **5000** Date signed **10/24/44**

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

MOTHER/SISTER  
 Jan 20 1944

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**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.....

*John Agonishi*

Licensed Embalmer No. *3398*

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of St. Louis } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9221

On this 26th day of Dec., 1944, before me appears.....

Mr. Saviile Mayer (funeral Director), his husband who, upon oath, states that the original record of ~~MR~~ death

for Rosalie Kaufman, died Oct. 28th, 1944, in the State of Missouri, and which was filed at St. Louis, Mo. on Oct. 31st, 1944, should be corrected as follows:

Item No. 7 should read October 26, 1862

Instead of October 27, 1869

Item No. 8 should read 82 yrs. 2 days

Instead of about 75 yrs. 0 mos. 1 day

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sanderson  
Relationship Funeral Director

Present Address 4318 Lindell

Subscribed and sworn to before me this 26 day of December, 1944.

My Commission Expires March Notary Public. Blair C. Tadiberg

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
58 CHEMISTRY BUILDING  
CHICAGO, ILLINOIS 60637

Dear Sirs:

I am pleased to inform you that your application for admission to the Ph.D. program in Chemistry has been accepted. You will be joining the Department of Chemistry at the University of Chicago in the fall of 1968. Your advisor will be Professor [Name], who is currently working on [Topic].

You should report to the Department of Chemistry at the University of Chicago on September 10, 1968. If you have any questions, please contact the Department Office at (312) 937-1300.

Very truly yours,  
[Name]  
Chairman, Department of Chemistry

Yours sincerely,  
[Name]  
Chairman, Department of Chemistry