

FILED JAN 3 1946
Registration District No.

Primary Registration District No.

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:
5715 McPherson Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 43 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5715 McPherson
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Annie Rosenfeld

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

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased April 1, 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 19 year 1945 hour 5:10 minute A. (Specify whether A. M. or P. M.)

21. I hereby certify that I attended the deceased from Sept 26 1945 to Dec 8 1945.
that I last saw her alive on Dec 8 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>8</u>	<u>18</u>	hr. min.

Immediate cause of death Myocardial infarction
Heart Disease

Due to.....

9. Birthplace Polhynia Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions 92
(Include pregnancy within 3 months of death)

Due to.....

MOTHER FATHER

11. Industry or business.....

12. Name Aaron Heller

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

14. Maiden name Sarah Dina Schmeler

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

Major findings:
Of operations.....

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Leon Rosenfeld

(b) Address 5715 McPherson Ave.

17. (a) burial (b) Date thereof 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) DEC 20 1945 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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. E. Straub (M. D. or other)
Address 339 N. Grand Date signed 12/20/45

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. 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.