

FILED APR 6 1946
317

State File No. 0
Registrar's No. 958757

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Home for Aged 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. 6 days
(Specify whether)

In this community Yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pike 82

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 411 1/2 Georgia St. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Tina Rosenthal

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Rosenthal 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased March 5 1865
(Month) (Day) (Year)

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

81 0 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Abraham Levine

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

14. Maiden name Unknown

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

16. (a) Informant Pauline Steime

(b) Address 5517 Pershing Ave. St. Louis

17. (a) Removal (b) Date thereof 3-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director L. H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) 4-2-46 (b) L. H. Bopp, Inc.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-1 1946 to 3-30 1946
that I last saw her alive on 3-29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to senility 93d

Due to arteriosclerosis

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

Major findings:
Of operations
Of autopsy

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) (c) Means of injury

23. Signature B. R. Lovins (M. D. or other)

Address Ballwin, Mo. Date signed 3-30-46

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..... *Jan M. Simon*

Licensed Embalmer No. *4343*

P. O. Address..... *7415 Zapher Pl
Maplewood 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.