

FILED NOV 30 1946

Registration District No. _____ Primary Registration District No. **3863**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
24 Southmoor Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Clayton**
(If outside city or town limits, write "RURAL")

(d) Street No. **# 24 Southmoor Dr.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **LEO ROSENHEIM**

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

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jean F. Rosenheim** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **May 24 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	5	3	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27** year **1946** hour **6:30** minute **A** M.

21. I hereby certify that I attended the deceased from **5:30 a.m.** **Oct. 27**, 1946, to **dead**, 1946, that I last saw h. **live** on **Oct. 27**, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **2 hr.**

Due to _____

Due to _____

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

9. Birthplace **Chicago, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchandise Buyer**

11. Industry or business **Retail Dept. Store**

MOTHER FATHER

12. Name **Emil Rosenheim**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Robert Rosenheim**

(b) Address **# 24 Southmoor Drive**

17. (a) **Cremation** (b) Date thereof **10/29/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Herbert R. ...**

(b) Address **5216 Delmar Blvd.**

19. (a) **10-29-46** (b) **Paul J. ...**
(Date received, local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy **Early changes of myocardial infarction?**

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 **Alexander Sale** (M. D. or other) **M.D.**

Address **4500 Olive St.** Date signed **10/27/46**

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

JAN 5 1947

NOV 19 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.....

J. P. Burgess

Licensed Embalmer No.....

4029

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.