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5-17.39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34715  
Registrar's No. 3039

Registration District No. 317 Primary Registration District No. 3064

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:  
234 Wesley 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 Abt 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 234 Wesley Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mitchel Rogaliner  
3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Celest Helsesch 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased March 27 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 6 13 hr. min.

9. Birthplace New York State  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman (retired)

11. Industry or business Pants

12. Name Unknown

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

14. Maiden name Rachel Sarfaty

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

16. (a) Informant Mrs. Mitchell Rogaliner

(b) Address 234 Wesley

17. (a) Burial (b) Date thereof 10/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive (Jewish)

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) 10-13-46 (b) Paul Paley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10  
year 46 hour 8 minute PA M.  
21. I hereby certify that I attended the deceased from 4-13, 1946, to 10-10, 1946  
that I last saw him alive on 10-5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease myocardial infarction  
Due to 930  
Duration 2 1/2 hr

Other conditions —  
(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 [Signature] (M. D. gender) —  
Address 4942 Hillcrest Dr Date signed 10/14/46

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

35338

**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 Henry M. Branner

Licensed Embalmer No. 4200

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.**