

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15118**  
Registrar's No. **4384**

**FILED MAY 9 1947**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5206 a Enright**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **28 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **1217**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5206a Enright**  
(If rural, give location) **9**  
(e) Citizen of foreign country? **No** (Yes or No) **1**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ROSE GOWSEIOW**  
(b) If veteran, name war **No** (c) Social Security No. **No**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Jacob Gowseiw**  
6. (c) Age of husband or wife if alive **(unk)** years  
7. Birth date of deceased **OCTOBER 16 1889**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57 6 12** hr. min.

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

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Abraham Joseph Rosenthal**  
13. Birthplace **USSR**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Eva (unk)**  
15. Birthplace **USSR**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rev. Jacob Gowseiw**

(b) Address **5206a Enright**

17. (a) **burial** (b) Date thereof **4/3/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B'Nai Amoona**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **APR 30 1947** (b) **J. F. Breneck**  
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**  
year **1947** hour **3** minute **15** p. m.

21. I hereby certify that I attended the deceased from **1946**, 19. **April 28**, 19. **47**  
that I last saw h. or alive on **April 28**, 19. **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**  
**essential hypertension**  
Due to **Ohio. State**

Other conditions (Include pregnancy within 3 months of death) **94**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **0**  
23. Signature **Harry Sanders** (M. D. or other) **0**  
Address **6044 Grand Blvd** Date signed **4-29-47**

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

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

*[Faint handwritten text, possibly a name and address, mostly illegible due to fading.]*

**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 *[Handwritten Signature: Dewey A. Gudberg]*

Licensed Embalmer No. *4529*

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.**