FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21177

FILED JUN 21 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5283

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7115a Tulane 5
(If rural, give location)

N.R.

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ROSALIND MOSS

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 46 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Secretary

11. Industry or business

FATHER
12. Name Henry Moskovitz
13. Birthplace (City, town, or county) Austria (State or foreign country) 4

MOTHER
14. Maiden name Anna Epstein
15. Birthplace (City, town, or county) Austria (State or foreign country) 4

16. (a) Informant Mrs. Anna Moskovitz
(b) Address 7115a Tulane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.

19. (a) JUN 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1948 hour 3 minute 1 M.

21. I hereby certify that I attended the deceased from June 19 47, to June 7 1948; that I last saw her alive on June 7 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Ovary-rt	1 yr
Carcinoma of Breast-left	
Due to: Primary site - Breast	
Due to: 5	
Other conditions: Metastatic Carcinoma to ribs - brain - Spine (Include pregnancy within 3 months of death)	
Major findings: Of operations: Carcinoma of breast-left; Carcinoma of ovary-rt	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Edward J. Berger (M. D. or other)
Address 4400 N TAYLOR Date signed 6-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.