

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28490
7143
Registrar's No.

BIRTH NO.		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7143	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (If in place) 7 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1012 Clarendon				d. STREET ADDRESS (If rural, give location) 12 1012 Clarendon			
3. NAME OF DECEASED (Type or Print) MARTHA ROSEN			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 16 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH unk.	9. AGE (in years last birthday) ab. 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Katz		13b. MOTHER'S MAIDEN NAME Sarah Horwitz		14. NAME OF HUSBAND OR WIFE Nathan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Coppersmith 1012 Clarendon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 mo</u> <u>18 mos</u>	
19a. DATE OF OPERATION <u>April 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>July</u> 19 <u>49</u> , to <u>Aug 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 15</u> , 19 <u>49</u> , and that death occurred at <u>3 2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marion M. Kistner M.D.</u>				23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>8/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/17/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel meth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 16 1949</u>		REGISTRAR'S SIGNATURE <u>A B Lasater</u>		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Berger Memorial 4715 xCPHerson</u>			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Lewis L Ludwig

Licensed Embalmer No. *24729*

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.