S. No. 300
v. 10.48

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10568

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2386

0

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 50 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JEWISH HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2099
d. STREET ADDRESS (If rural, give location): 1438 E. GRAND

3. NAME OF DECEASED (Type or Print)
a. (First): Moses
b. (Middle):
c. (Last): Rosenbaum

4. DATE OF DEATH (Month) (Day) (Year): MAR 12, 1951

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: OCT. 18, 1871
9. AGE (In years last birthday): 79 — 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): Paper Carrier
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): USSR 6
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Herschel Rosenbaum
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Jos Wimsuff 6651 Kingsbury — ADDRESS

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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ~~[illegible]~~ — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of Pelvis Bone 3 Weeks Prior
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: MARCH 1951
19b. MAJOR FINDINGS OF OPERATION: 000
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall E 9048

22. *I hereby certify that I attended the deceased from* March 8, 1951, *to* Mar 12, 1951, *that I last saw the deceased alive on* Mar 12, 1951, *and that death occurred at* 11 45 P *m., from the causes and on the date stated above.* 71

23a. SIGNATURE (Degree or title): Frank Cohen MD
23b. ADDRESS: 2330 a UNION, St Louis Mo
23c. DATE SIGNED: Mar 13/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/51
24c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha
24d. LOCATION (City, town, or county) (State): University City Mo

DATE REC'D BY LOCAL REG.: MAR 19 1951
REGISTRAR'S SIGNATURE: Jo Bhasater
25. FUNERAL DIRECTOR'S SIGNATURE: Bergen Memorial 4715 McPherson — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

By attending Physician 3-21-51

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 Kevin F. Fuding

Licensed Embalmer No. 4229

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } ss.

State File No. 10568-51
Local Registrar's No. 2386

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of March, 1951, before me appears Dr. Frank Cohen, who, upon his oath, states that the original record of ~~birth~~ death for MOSES ROSENBAUM, ~~born~~ died March 12, 1951, in the State of Missouri, and which was filed at St. Louis, Mo. on Mar. 13, 1951, should be corrected as follows:

Item No. 18 should read (a) Bronchopneumonia

Instead of —

Item No. Antecedent causes should read

Instead of (b) Fracture of pelvic bone 3 weeks prior

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank Cohen M.D.
Relationship.

2330a UNION St Louis Mo
Present Address.

Subscribed and sworn to before me this 14th day of March, 1951.

My Commission expires August 1, 1952 Louis F. Ludwig Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
I X37817

10568