

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40668

FILED DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 10516

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (In this place) 5 Min.		d. STREET ADDRESS (If rural, give location) 7345 Canton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle)	c. (Last) Rosenthal	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Feb. 15, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Talisman	13b. MOTHER'S MAIDEN NAME Viola Bierman	14. NAME OF HUSBAND OR WIFE Isaac Rosenthal
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Yolande Goldenberg	ADDRESS 7345 Canton
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>metastatic Carcinoma</i>	ANTECEDENT CAUSES		<i>approx 1 yr.</i>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (b) _____		
	DUE TO (c) _____		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>172X</i>
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22. I hereby certify that I attended the deceased from *11-12, 1952*, to *11-14, 1952*, that I last saw the deceased alive on *11-14, 1952*, and that death occurred at *7:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Charles S. [Signature]</i> (Degree or title)	23b. ADDRESS <i>539 N. [Address]</i>	23c. DATE SIGNED <i>11/15/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>11/16/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	24d. LOCATION (City, town, or county) (State) <i>University City, Mo.</i>
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DATE REC'D BY LOCAL REG. NOV 17 1952	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Berger Memorial</i> ADDRESS <i>4715 McPherson Ave.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

person's name

person's name

person's name

1427

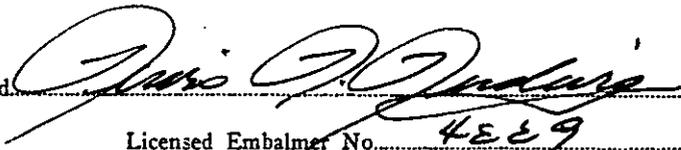
STATEMENT BY LICENSED EMBALMER

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  _____

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.