

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20351

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>1343</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. LENGTH OF STAY (In this place) <u>23 da</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>		d. STREET ADDRESS (If rural, give location) <u>518 Spring Ave.</u>		
3. NAME OF DECEASED a. (First) <u>Albert Rosenberg</u> (Type or Print)		b. (Middle) _____		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>5 6 53</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		8. DATE OF BIRTH <u>10/10/1872</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Unknown</u>
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pine Crest Homes, Ballwin, Mo.</u>
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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33ix</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>4-16</u> , 19 <u>53</u> , to <u>5/6</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5/5</u> , 19 <u>53</u> and that death occurred at <u>6:45 Am.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title)			23b. ADDRESS <u>Kirkwood, Mo. 5/8/53</u>	
23c. DATE SIGNED <u>5/8/53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ANATOMICAL</u>		24b. DATE <u>5-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANATOMICAL BOARD</u>
24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>5-14-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>
ADDRESS		<u>1111 Manchester Ave.</u>		

WRITE PLAINLY—USING 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.....

not embalmed

Licensed Embalmer No.

P. O. Address.....

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

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