

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
25162
6738
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|--|--|---|
| 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. CITY OR TOWN St. Louis | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 2 wks. | | e. STREET ADDRESS (If rural, give location) 1315 Semple 2069 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Deloge | | | |

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|--|----------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) SAM b. (Middle) c. (Last) ROSENBERG | | 4. DATE OF DEATH (Month) (Day) (Year) July 20 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARR. | 8. DATE OF BIRTH mar. 22, 1870 |
| 9. AGE (In years) (Last birthday) 84 | | 10. MONTHS 8 DAYS 15 HOURS 15 MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Shoe repair | | 10b. KIND OF BUSINESS OR INDUSTRY retail | |
| 11. BIRTHPLACE (City and State or Foreign Country) Hungary | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME Herman Rosenberg | | 13b. MOTHER'S MAIDEN NAME -- | | 14. NAME OF HUSBAND OR WIFE Minnie | |
| 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. UNK. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Rosenberg 1315 Semple | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Severe Burn Body | | | |
| | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | of R. Queen gm Deputy | | 7/21/54 | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION 7/8/54 | | 19b. MAJOR FINDINGS OF OPERATION Shin Drift Burn Arm & Chest | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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|---|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE | | 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 - 2916.0 | |
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|--|--|---|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 5-30-54 7:30 p.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Choking caused fire while near stove | |
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22. I hereby certify that I attended the deceased from **7-9**, 19**54**, to **7-20**, 19**54** that I last saw the deceased alive on **7-20**, 19**54**, and that death occurred at **10:10** p.m., from the causes and on the date stated above.

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|--|--|----------------------------------|--|---|--|------------------------------------|--|
| 23a. SIGNATURE F. X. Palotta | | (Degree or title) M.D. | | 23b. ADDRESS Morris Thater Oldy | | 23c. DATE SIGNED 7/21/54 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) rem. | | 24b. DATE 7/22/54 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. JUL 21 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson | |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Quir A. Judura*.....
Licensed Embalmer No.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.