

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36112

STATE FILE NUMBER

FILED NOV 16 1956

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9736

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <u>Madison</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Length of stay in lb <u>1 wk.</u>			d. STREET ADDRESS (If outside, give location) <u>1100 Calhoun</u>		
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>NMN</u> Last <u>Rosenstrom</u>			4. DATE OF DEATH Month <u>10</u> Day <u>25</u> Year <u>56</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 15, 1886</u>		9. AGE (In years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocer</u>			11. BIRTHPLACE (City and state or country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Morris Rosenstrom</u>			14. MOTHER'S MAIDEN NAME <u>Rose (unk)</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>390-24-6474</u>		17. INFORMANT <u>Mollie Rosenstrom 1100 Calhoun</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma of right lung</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								<u>162x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>10/15/56</u> to <u>10/25/56</u> and last saw her <u>him</u> alive on <u>10/25/56</u> Death occurred at <u>1:45</u> <u>a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>C. P. Venellia, M.D.</u>				22b. ADDRESS <u>BARNES HOSPITAL</u>			22c. DATE SIGNED <u>10/25/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>		23b. DATE <u>10/26/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>B'nai Amoona</u>		23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>			
24. FUNERAL DIRECTOR <u>Berger Memorial 4715</u>			ADDRESS <u>McPHEESON</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 25 1956</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.