THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6877

FILED FEB 25 1957 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 372

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 221 Brighton Way — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis
c. CITY OR TOWN Clayton 4442 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 221 Brighton Way — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NATHAN Middle E. Last Rosenblum

4. DATE OF DEATH Month Feb. Day 8 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan.21,1900
9. AGE (In years last birthday) 57 — 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) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sam Rosenblum
14. MOTHER'S MAIDEN NAME Fannie(unk)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT Address Mrs.Leah Rosenblum 221 Brighton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease. — 6 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/27/51, to 2/8/57 and last saw her alive on 2/1/57
Death occurred at 10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maria Alex MD (Degree or title)
22b. ADDRESS 601 Humboldt Bldg
22c. DATE SIGNED 2/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Bur.
23b. DATE 2/11/57
23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol
23d. LOCATION (City, town, or county) (State) Ladue, Mo.

24. FUNERAL DIRECTOR Berger memorial ADDRESS 4715 McPherson
25. DATE RECD. BY LOCAL REG. 2-9-57
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD By

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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.