

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27011

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 317 Primary Registration District No. 510 Registrar's No. 1769

Health, Welfare, Public Service  
300  
1-56  
Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
All symptoms will be listed.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Manchester</b>		c. CITY OR TOWN <b>University City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pine Crest Home</b>		d. STREET ADDRESS (If outside, give location) <b>6763 Chamberlain</b>	
3. NAME OF DECEASED (Type or print) <b>Rose</b>		4. DATE OF DEATH <b>July 18, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 8, 1881</b>	
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Abraham Schneider</b>		14. MOTHER'S MAIDEN NAME <b>Mollie Cheska</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. M. Ruchman</b>		Address <b>6763 Chamberlain</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arterio-Sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 2 2 1</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input type="checkbox"/> 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 <b>University City, Mo</b>	
21. I attended the deceased from <b>July 15/56</b> to <b>July 13/57</b> and last saw her alive on <b>July 13/57</b> Death occurred at <b>7:00 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. W. Jensen M.D.</b>		22b. ADDRESS <b>3616 S. Broadway St. Louis Mo</b>	
22c. DATE SIGNED <b>7/13/57</b>		23a. BURIAL (CREMATION, REMOVAL, SPECIFY) <b>bur.</b>	
23b. DATE <b>7/14/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	
23d. LOCATION (City, town, or county) <b>University City, Mo</b>		23e. STATE	
24. FUNERAL DIRECTOR <b>Berger Memorial</b>		25. DATE RECD. BY LOCAL REG. <b>7/18/57</b>	
ADDRESS <b>4715 McPherson</b>		26. REGISTRAR'S SIGNATURE <b>Herbert B. Donnelly</b>	

No. \_\_\_\_\_  
 Mrs. M. Chamberlain  
 6763 Chamberlain  
 St. Louis, Mo.  
 USA

Apartment  
 Housewife  
 At home  
 St. Louis, Mo.  
 USA

Female  
 White  
 Sept. 8, 1881  
 75

X  
 Fine Great Home  
 3 yrs.  
 University City  
 St. Louis

July 18, 1927

**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 *Quinn J. Quicker*  
 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.

Berger Memorial High School