. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46271
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11932

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis. Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Anthony Hospital Length of stay in 1b 22

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY

c. CITY OR TOWN St. Louis. Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 5548 Waterman, Ave. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Sarah Middle Frances Last Rosenberg

4. DATE OF DEATH Month Day Year Dec. 11, 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Oct. 27, 1894

9. AGE (In years last birthday) 63 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) Cosmetic Repres.

10b. KIND OF BUSINESS OR INDUSTRY Department Store

11. BIRTHPLACE (City and state or country) Forest, Indiana.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alpheus Mendenhall

13b. MOTHER'S MAIDEN NAME Laura Carrick

14. NAME OF HUSBAND OR WIFE Edw. C. Rosenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO. 489-03-2446

17. INFORMANT Edw. C. Rosenberg, Address 5548 Waterman, Ave.

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) CEREBRO-VASCULAR EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH 7 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE WITH AURICUAR FIBRILLATION → UNK. 2 WKS.

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 11/7/47, to 12/11/57 and last saw her alive on 12/10/57
Death occurred at 2:05AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S Warner MD (Degree or title) Dr. Robert Warner M.D.

22b. ADDRESS 818 Olive St St L Mo.

22c. DATE SIGNED 12/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12-13-57

23c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery

23d. LOCATION (City, town, or county) (State) Forest, Indiana.

24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington

25. DATE RECD. BY LOCAL REG. DEC 12 '57

26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo

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.