

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023691  
State File No. 5378  
Registrar's No.

FILED JUN 16 1958

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 7494 Drexel Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) FANNIE		b. (Middle) FRIEDMAN	
		c. (Last) ROOS	
4. DATE OF DEATH		5. DATE OF BIRTH	
MAY 20th, 1958		April 1, 1894	
6. SEX Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. COLOR OR RACE White		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Morris Friedman		13b. MOTHER'S MAIDEN NAME Emma Goldberg	
14. NAME OF HUSBAND OR WIFE Maurice L. Roos		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) Unk.	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Nathaniel Roos	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c) 163x  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to brain		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Feb 1958, to May 20, 1958, that I last saw the deceased alive on May 20, 1958, and that death occurred at 8:10 P.M., from the causes and on the date stated above.	
23a. SIGNATURE Julius Elias, M.D.		23b. ADDRESS 607 N. Grand	
23c. DATE SIGNED May 22, 1958		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 5/23/58		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 22 1958		ADDRESS 5216 Delmar	

**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.....  
Licensed Embalmer No..... 388  
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.