

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**

**59-034260**

**FILED OCT 13 1959**

**2 8538**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

ENDED

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>              |  | Length of stay in 1b<br><b>1 hr.</b>  | c. CITY OR TOWN <b>University City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>7304 Chamberlain</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |  |   |  |  |
|---|----------------------------------|---|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>ROBERT</b> Middle <b>(AKA REUBEN)</b> Last <b>ROSENBERG</b>           |                                  |   | 4. DATE OF DEATH<br>Month <b>9</b> Day <b>15</b> Year <b>59</b>  |   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | d. DATE OF BIRTH<br><b>Oct. 1891</b>                             | 9. AGE (last birthday)<br><b>67</b>         | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Man.</b>            |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ladies Coats &amp; Suits</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Poland</b>      |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                |  |
| 13a. FATHER'S NAME<br><b>Harry Rosenberg</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Glassman</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Sarah</b> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>495-36-9350a</b>  | 17. INFORMANT Address<br><b>Sarah Rosenberg 7304 Chamberlain</b> |   |  |  |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary art. thrombosis</b>       |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4-5 days</b>  |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.<br>DUE TO (b) <b>Coronary art. thrombosis (old)</b> |  |  | YEAR<br><b>year</b>  |
| DUE TO (c) <b>Hypertension 420.1</b>  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)               |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                       |   |  |  |

|  |  |  |
|--|--|--|
| 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<br>COUNTY STATE |
|--|--|--|

21. I attended the deceased from **1948** to **Sept. 15, 59** and last saw him alive on **9/15/59**  
Death occurred at **about 5 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                      |                                    |
|--|--------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Glennetha Sale M.D.</b> | 22b. ADDRESS<br><b>100 N. Euclid</b> | 22c. DATE SIGNED<br><b>9/16/59</b> |
|--|--------------------------------------|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Rem.</b> | 23b. DATE<br><b>9/17/59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Chevra Kadisha</b> | 23d. LOCATION (City, town, or county)<br><b>University City, Mo.</b> |
|--|-----------------------------|---|--|

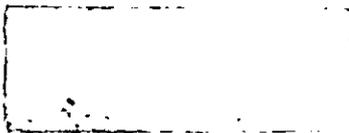
|   |   |   |
|---|---|---|
| 24. FUNERAL DIRECTOR<br><b>Berger Memorial 4715 McPherson</b> | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 16 '59</b> | 26. REGISTRAR'S SIGNATURE<br><b>Heard Smith, M.D.</b><br><i>mgb</i> |
|---|---|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 4 1959



**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: Quis J. Anderson  
Licensed Embalmer No. 4829

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.