

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038522

FILED VS NOV 16 1959 317

Registration District No. 590 Primary Registration District No. 2922 Registrar's No. 2922

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>S t. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Missouri</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Wellston</b>		Length of stay in 1b <b>13 yrs. 6 mos.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4310 Harrison</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>ROSENWALD</b> Last <b>ROSENWALD</b>				4. DATE OF DEATH Month <b>November</b> Day <b>3</b> Year <b>1959</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/17/81</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b></b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Bruno Flersheim</b>			13b. MOTHER'S MAIDEN NAME <b>Laura Ellinger</b>			14. NAME OF HUSBAND OR WIFE <b>Lucian Rosenwald, dec.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unk</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT Address <b>Mrs. J.H. Schweich, daughter, 6310 Faquier, Clayton 5, Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>	
IMMEDIATE CAUSE (a) <b>Broncho-Pneumonia</b>								
DUE TO (b) <b>Carcinoma of Left Ovary</b>							Years <b></b>	
DUE TO (c) <b>Carcinoma of Left Ovary</b>							Years <b></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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>								
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		COUNTY		STATE
21. I attended the deceased from <b>5-4-46</b> to <b>11-3-59</b> and last saw her <b>her</b> live on <b>11-3-59</b> Death occurred at <b>10:55 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>H.E. Nuttall M.D.</b>				22b. ADDRESS <b>7301 St. Charles, Rock Hill</b>			22c. DATE SIGNED <b>11/4/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>11-1-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>VAL HALLA</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>		(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Mary Ann - St Louis, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>11-4-59</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*V. J. Lubahy*  
*Samuel Mason*

**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. \_\_\_\_\_

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.