

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

59-042427

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's 2 9706

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>5 weeks</i>		c. CITY OR TOWN <i>University City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>8341 Elmore</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <i>ANNA</i> Middle Last <i>ROSEN</i>				4. DATE OF DEATH Month <i>Oct.</i> Day <i>22</i> Year <i>1959</i>								
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>7-25-1897</i>	9. AGE (last birthday) <i>62</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (City and state or country) <i>USSR</i>		12. CITIZEN OF WHAT COUNTRY <i>U^sa</i>					
13a. FATHER'S NAME <i>Chiam Michael Rosen</i>			13b. MOTHER'S MAIDEN NAME <i>Rachel (nee Rosen)</i>			14. NAME OF HUSBAND OR WIFE <i>Morris Rosen</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Mrs. Anita Eisen 8259 Montreal U. City</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Pancreas</i> DUE TO (b) <i>with extensive metastases</i> DUE TO (c) <i>157x</i> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown												
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m.		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 COUNTY STATE				
21. I attended the deceased from <i>1950</i> to <i>10/22/59</i> and last saw her <i>10/22/59</i> Death occurred at <i>6:50 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <i>Edward Masse M.D.</i>					22b. ADDRESS <i>457 N Knags Highway</i>		22c. DATE SIGNED <i>10/15/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>10-23-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>			23d. LOCATION (City, town, or county) (State) <i>Univ. City, Mo.</i>						
24. FUNERAL DIRECTOR ADDRESS <i>Berger Memorial 4715 McPherson</i>				25. DATE RECD. BY LOCAL REG. <i>OCT 23 1959</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i> <i>mjb</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Paul J. Judson*
Licensed Embalmer No. 4329

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to conform 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.