

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

= 60-024917

FILED VS. JUL 12 1960

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6335

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 55 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS 626 Eastgate Ave (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EMMA First ROSEN Middle Last			4. DATE OF DEATH 6-21-1960 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH ab. 1887	9. AGE (last birthday) ab. 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) USSR	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME (unk) Weiner		13b. MOTHER'S MAIDEN NAME (unknown)	
14. NAME OF HUSBAND OR WIFE Nathan Rosen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No unknown) (If yes, give No or dates of service)			
16. SOCIAL SECURITY NO. 497-07-8794		17. INFORMANT Address Marty Alpirn 6935 Dartmouth			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General peritonitis DUE TO (b) Perforation, carcinoma of colon DUE TO (c) 153.8 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 days
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.) Home	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY	STATE
21. I attended the deceased from June 17 to June 21, 1960 her last saw June 21, 1960 Death occurred at 7:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Jerome Simon, M.D. (Degree or title)	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 6/21/60
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-22-60	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.
23d. LOCATION (City, town, or county) University City, Mo.	24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson Avenue ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 21 1960
		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mjs

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  _____

Licensed Embalmer No. 3988

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.