

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028745

FILED VS JUL 22 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6711

STATE FILE NUMBER

INDEXED

9-13-60

BY AFFIDAVIT OF signed statement of physician DOCUMENT MEDICAL CERTIFICATION

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 St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1438 E. Grand	
3. NAME OF DECEASED (Type or print) First Middle Last Israel (NMI) Rosen			4. DATE OF DEATH Month Day Year July 1 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY Building Trades		11. BIRTHPLACE (City and state or country) Russia	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jonas Rosen		13b. MOTHER'S MAIDEN NAME Faiga (Unknown)	
14. NAME OF HUSBAND OR WIFE Anna (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 498-03-2330	
17. INFORMANT Sol Rosen		Address 6845 Melrose		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized sepsis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe cachexia DUE TO (c) Probable neoplastic disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe bronchopneumonia 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 INTERVAL BETWEEN ONSET AND DEATH 5 days 60 days ?	
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 Month, Day, Year a.m. p.m.		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 April 1960 to Death and last saw her him alive on 7-1-60 Death occurred at 8:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert E. Cutler, MD			22b. ADDRESS Jewish Hospital		22c. DATE SIGNED July 2, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-3-60	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR Berger Memorial		ADDRESS 4715 Mc Pherson		25. DATE RECD. BY LOCAL REG. JUL 3 1960	26. REGISTRAR'S SIGNATURE Kean Smith, M.D.

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 Jerry D. Judson
Licensed Embalmer No. 4329

P. O. Address _____

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