MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

Do not use this space.
42131

File No.
Registered No. 11257

1. PLACE OF DEATH

County
Township
City (No. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Rose Rothman

(a) Residence. No. 3103 Shenandoah Ave Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-27-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	—	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 35
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russia
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Morris Lippman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Dmx Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia

14. INFORMANT Mr Paul M Rothman
(Address) 3103 Shenandoah Ave

15. FILED DEC 19 1932 Max C Starder
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/15 1932

17. I HEREBY CERTIFY, That I attended deceased from 12/15, 1932, to 12/15, 1932, that I last saw her alive on 12/15, 1932, and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
131
132
136
(duration) 3 yrs. — mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chr. Cardiovascular nephritis (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. R. Hawes, M. D.
12/17, 1932 (Address) 7219 Michigan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crematory
DATE OF BURIAL 12-19 1932

20. UNDERTAKER J. B. Murrell & Sons
ADDRESS 2639 Hickory

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.