

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

Do not use this space.

OCT 11 1934

34540

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. Jewish Hospital) File No.
 Registered No. 9347 Ward

2. FULL NAME

Jake Roodman
 (a) Residence, No. 2501a Sarah St. 11 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie Roodman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Sept 8 - 1934 11. Total time (years) spent in this occupation 1 yr

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

MOTHER FATHER 13. NAME Jack Roodman

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

15. MAIDEN NAME Ethel Sherman

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

17. INFORMANT Sophie Roodman
 (ADDRESS) 2501 Sarah

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Mt. St. Louis DATE Sept 23 1934

19. UNDERTAKER Oxenhander Funeral Dir
 (ADDRESS) 406 Washington St. St. Louis

20. FILED SEP 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1934 to Sept 22 1934

I last saw him alive on Sept 22 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

198 lobai pneumonia Date of onset 9/18

Other contributory causes of importance: 108

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 20

If so, specify

(Signed) W. H. Tamm, M. D.
 (Address) 3720 Washington St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

