

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
Jewish hospital

File No. 10656
Registered No. 3240
St. Ward)

2. FULL NAME

Clara Roudman

(a) Residence, No. 1427 Laurel St. 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 David Roudman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
ab 62

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) 11. Total time (years) spent in this occupation:

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

13. NAME Jankelson

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

15. MAIDEN NAME Unk

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

17. INFORMANT Lever Roudman
(ADDRESS) 1888 Hawthorne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 3/25/37 '19

19. UNDERTAKER H B Berger & Son
(ADDRESS) 4315 Mt. Pleasant

20. FILED APR 24 1937
J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:50 p.m.

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

poisoning
due to over dose of Phenol
barbital tablets, 50c,
administered, at the home
1427 Laurel St. about 7:50 PM

Date of onset

Other contributory causes of importance:

March 23, 1937

Accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury Mar 22, 1937

Where did injury occur? St. Louis, Mo

(Specify city or town, county, and State)

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

Manner of injury see above

Nature of injury.....

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

If so, specify.....

(Signed) Joseph M. Zeman, M.D.

(Address) Deputy Coroner

CROSS OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION IS VERY IMPORTANT.

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