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.

REC'D APR 11 1938

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

Do not use this space. 8616

1. PLACE OF DEATH
(a) County 2
(b) Township 1
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 2204
(d) Street No. 5102 Maple St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Roudman (also Rudman) 355
(a) Residence, No. 1427 Laurel St. 6
(Usual place of abode, if no street address, write county or city) (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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Roudman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 20, 1861

7. AGE: YEARS 76 | MONTHS 11 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cabinet maker
9. Industry or business in which work was done, as saw mill, bank, etc. Furniture store
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) Volhynia U.S.S.R. 7

FATHER
13. NAME Meyer L. Roudman 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 7

MOTHER
15. MAIDEN NAME Esther (unk) 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT (ADDRESS) Herbert I. Berger 4715 McPherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE ChesedShelEmeth DATE March. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) H.B.Berger 4715 McPherson

20. FILED MAR 4 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to 3/3, 1938
I last saw him alive on 3/3, 1938. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	3
Pulmonary Edema	4 days
Other contributory causes of importance: Generalized Arteriosclerosis	2

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? no

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? no
If so, specify .....
(Signed) E. Sigoloff, M. D.
(Address) 642 Mo Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Lawrence J. Diener, Licensed Embalmer No. 3988

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3988

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)