

20299 JUL 12 1939

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

20299
Do not use this space.
5143

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City or Town **St. Louis** (d) Street No. **City Hospital No. 1** 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 **Eva Rotman**

(a) Residence, No. **822 Ann** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 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 **Kalman Rotman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 10, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
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) **Poland Lodz**

FATHER 13. NAME **(unk)**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

MOTHER 15. MAIDEN NAME **Pearl (unk)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

17. INFORMANT (ADDRESS) **Hosp. Inf. M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Havre Kedisha** DATE **6/8** 19. 30

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

20. FILED **JUN 8 1939** **J. F. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/7/39** 19

22. I HEREBY CERTIFY, That I attended deceased from **6/5/39** 19 to **6/7/39** 19

I last saw her alive on **6/7/39** 19. Death is said to have occurred on the date stated above, at **6.56 a.m.**

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

Chr. Myocarditis
chr. Nephritis

Date of onset

Other contributory causes of importance

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? **f**

If so, specify

(Signed) **Jos. L. Lucido**, M. D.

(Address) **City Hospital No. 1**

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.

STATEMENT BY LICENSED EMBALMER

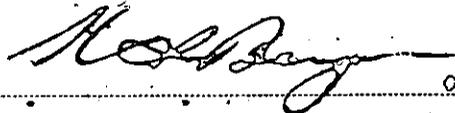
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

HERBERT I. BERGER

Registered Apprentice No. _____

working under my personal supervision.

Signed: _____



Licensed Embalmer No. _____

1597

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.