S. No. 2
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X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 46473

FILED JAN 12 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11846

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS (Specify whether

In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 17

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 36

(d) Street No. 1399 a SHAWMUT (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MORRIS ROTHMAN

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DORA ROTHMAN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

Abt 67

9. Birthplace (City, town, or county) RUSSIA (State or foreign country)

10. Usual occupation GROCER

11. Industry or business SALESMAN

FATHER
12. Name JACOB ROTHMAN
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name DORA TAMONSHINE
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant Ben Rothman

(b) Address 1362 Shawmut

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation CHEVRAH KADISHA

18. (a) Signature of funeral director Oberhandler

(b) Address 4469 Washington

19. (a) DEC 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1943 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from Nov. 27 1943 to Dec. 28 1943 that I last saw him alive on Dec. 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia

Due to Myocarditis Leukemia

Due to

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harry Sandler (M. D. or other)

Address 634 N. Grand Date signed 12-29-1943

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. [illegible]

Licensed Embalmer No. 3669

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.