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

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 3506

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 14 hrs.
(Specify whether years, months or days)

In this community 11 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE ROCHMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Joseph Rochman 6. (c) Age of husband or wife if alive — years

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

8. AGE:

Years	Months	Days	If less than one day
<u>About 62</u>			hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Ben Handler

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Handler

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur Rochman

(b) Address 6461 Alma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-46
(Month) (Day) (Year)

(c) Place; burial or cremation Chapel of the Holy Spirit

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-17-46 (Date received local registrar) (b) Arthur Rochman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 6461 Alma
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day _____ year 46 hour _____ minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-12-46 to 12/13 1946 that I last saw h. e alive on 12/13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 2.2 hrs.

Due to arteriosclerotic coronary thrombosis

Due to _____ 940

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature H. Zahly (M. D. or other) MD
Address 601 So. Baltimore Date signed 12/13/46

DEC 30 1945

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..... *H. Burgess*

Licensed Embalmer No. *4029*

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, fact should be so stated above.