

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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14112
State File No. 3336

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 4612 Laurel</u>		d. STREET ADDRESS (If rural, give location) <u>4612 Laurel</u>		
3. NAME OF DECEASED a. (First) <u>Abraham</u>		b. (Middle)		c. (Last) <u>Rothman</u>
(Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15-1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH (Age in years last birthday) <u>Unknown - abt-70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>rosery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Selling Grocery Food.</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>
13a. FATHER'S NAME <u>David Rothman</u>		13b. MOTHER'S MAIDEN NAME <u>Tryna Hooda</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca (Pivka) Rothman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Rothman</u> ADDRESS <u>4612 Laurel</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma rectum (liver metastases)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia; secondary Pulmonary edema, acute</u>		
19a. DATE OF OPERATION <u>Nov. '46</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable ca. rectum - Liver metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs approx</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <u>Nov 15, 1946</u> , to <u>April 15, 1949</u> , that I last saw the deceased alive on <u>April 14, 1949</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Revelyn Pike</u>		23b. ADDRESS (Degree or title) <u>M.D. 4500 Olive, St Louis</u>		23c. DATE SIGNED <u>4/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April - 17 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chester St. Emeth</u>
24d. LOCATION (City, town, or county) (State) <u>University City, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oerhandle</u> ADDRESS <u>5000 Light</u>		
DATE REC'D BY LOCAL REG. <u>APR 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Rasater</u>		

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

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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

W. F. O'Connell

Student Embalmer No. *3669*

working under my personal supervision.

Student
Student Embalmer

Signed *W. F. O'Connell*

Licensed Embalmer No. *3669*

P. O. Address *5015 Ingham*

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.