

MAY 15 1940

791

1003

3723

Registration District No.

Primary Registration District No.

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:
4737a Vernon 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 50 yrs
years, months or days)

8. (a) PRINT FULL NAME Nathan Rothman 3558. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Rose Rothman 6. (c) Age of husband or wife if alive (unk) years7. Birth date of deceased February 1, 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 2 25 hr. min.9. Birthplace Volhynia Russia 7
(City, town, or county) (State or foreign country)10. Usual occupation Retail Dry-goods 711. Industry or business Retired 712. Name David Rothman 713. Birthplace Russia 7
(City, town, or county) (State or foreign country)14. Maiden name (Nae) Tryna Rothman15. Birthplace Russia
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Rose Rothman(b) Address 4737a Vernon17. (a) burial (b) Date thereof 4-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chased Shel Emeth18. (a) Signature of funeral director H. B. Berger(b) Address 4715 McPherson19. (a) APR 24 1940 (b) J. J. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 124
(If outside city or town limits, write "RURAL")
 (d) Street No. 4737a Vernon
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
 year 1940 hour 9:50 minute A M.21. I hereby certify that I attended the deceased from Jan, 1939, to April 24, 1940
 that I last saw him alive on April 23, 1940
 and that death occurred on the date and hour stated above.Immediate cause of death Cancer of Stomach ?

Due to _____

Due to Hb ?Other conditions metastatic cancer of lung ?
(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) Means of injury _____23. Signature David Rothman (M. D. or other) 1Address 462 N. Taylor Date signed 4/24/40

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

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.

No Embalming

Signed *W. A. Ryan*

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.