

Registration District No. **791701** Primary Registration District No. **1003**

1. PLACE OF DEATH: **HELD JUL 17 1940** /
(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: **St Anthony's Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

8. (a) PRINT FULL NAME **Harriet L. Rothman 353**
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 **Single**

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

7. Birth date of deceased **February 5th, 1895**
(Month) (Day) (Year)

8. AGE: Years **45** Months **4** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher** **7**

11. Industry or business **Public School** **7**

12. Name **Paul Rothman** **7**

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

14. Maiden name **Rose Lietman**

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

16. (a) Informant **Marnie Rothman**

(b) Address **3103 Shenandoah**

17. (a) **Cremation** (b) Date thereof **6-15-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vachalla Crematory**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.**

19. (a) **JUN 14 1940** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **17**
(If outside city or town limits write "RURAL")
(d) Street No. **3103 Shenandoah**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **12th**
year **1940** hour _____ minute **4p.** M.

21. I hereby certify that I attended the deceased from **5/27** 19**40**, to **6/12** 19**40**
that I last saw her alive on **6/12** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Sub-acute cholecystitis with stones** ?
Duration _____

Due to **126**

Other conditions: **Post-operative hepatic failure**
(Include pregnancy within 3 months of death) **following chr. hepatitis**

Major findings: **Sub-acute cholecystitis**
Of operations _____
Of autopsy **as Hepatitis**

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? _____

Home or work? _____ (Specify type of place)

23. Signature **Plie H Scherer** (M.D. or other) **SCHERER**
Address **3115 S Bond St** Date signed **6/14/40**

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

MOTHER FATHER

Dr. Scherer
3115 S. Grand
1-3

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

Virgil L. Benayman

Licensed Embalmer No.

4018

P. O. Address

St. Louis Mo.

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.