

FILED MAR 24 1942

1003

1884

Registration District No. _____

Primary Registration District No. _____

Registrar's 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:
Jewish Hospital
(If not in hospital or institution, write street number or location)

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

In this community 33 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5793 Westminster
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Esther Rothman

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month Feb. day 28
year 1942 hour 3 minute A.M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Sol Rothman

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug. 26 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 27
1942, to Feb. 28 1942;
that I last saw her alive on Feb. 27 1942;
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>38</u> | <u>6</u> | <u>2</u> | _____ hr. _____ min. |

Immediate cause of death cerebral hemorrhage Duration 11 hours

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

Due to essential hypertension ?

10. Usual occupation at home

Due to _____

11. Industry or business _____

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

12. Name Louis Schuchman

Major findings: Of operations _____

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

Of autopsy _____

14. Maiden name Fannie Engel

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

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

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

16. (a) Informant Sam Schuchman

(b) Date of occurrence _____

(b) Address 2714 Goodfellow

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

17. (a) burial (b) Date thereof 3/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Chesed Shel Emeth

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

18. (a) Signature of funeral director Berger Memorial

23. Signature Barnett J. Tansing (M. D. or other) M.D.

(b) Address 4715 McPherson

Address 4500 Olive Date signed Feb. 28

19. (a) MAR 1 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....



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, fact should be so stated above.