U. S. No. 2-
20M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31262

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1020

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 610 So 11th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Clara Rothstein
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nate Rothstein
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) (Day) 1880 (Year)
8. AGE: Years 63 | Months ? | Days ? | If less than one day: hr. min.
9. Birthplace: (City, town, or county) Austria 4 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Elias Froehlich
13. Birthplace: (City, town, or county) Austria 4 (State or foreign country)
MOTHER 14. Maiden name: Rella
15. Birthplace: (City, town, or county) ? 4 (State or foreign country)
16. (a) Informant: W.A.Rothstein
(b) Address: St Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Shaare Sholem Cem.
18. (a) Signature of funeral director: Fleeman & Son Inc.
(b) Address: St Joseph, Missouri
19. (a) 9/8/43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1943 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from 8/31/43, 19..., to 9/6/43, 19...; that I last saw him alive on Sept. 6, 1943, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis, acute	3 da
Due to: Coronary sclerosis	?
Due to:	
Other conditions: Diabetes Mellitus; Cholecystitis, Chr.	? ?

(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [signature] M.D.
Address: St. Joseph, Mo. Date signed: 9/9/43

1235 (Licensed Embalmer's Statement on Reverse Side)

SEP 27 1943

DEC 29 1949

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. Robert L Yapp

Licensed Embalmer, No. 3308

P. O. Address St Joseph, 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, fact should be so stated above.