

FILED MAY 2 1948 18

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: 1363a Shawmut
(d) Length of stay: 36 years
In this community 36 years

3. (a) PRINT FULL NAME Sarah Rothman

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel Rothman 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Sept. 15, 1873

8. AGE: Years 70 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Bessarabia U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Elijah Lerman
13. Birthplace U.S.S.R.
14. Maiden name Charna Bella Nudelman
15. Birthplace U.S.S.R.

16. (a) Informant Mrs. Esther Sirot
(b) Address 1363a Shawmut

17. (a) burial (b) Date thereof 4/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave

19. (a) APR 23 1944 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1363a Shawmut
(e) Citizen of foreign country? Alien # 1671359 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1944 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from June, 1944, to April 22, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
Due to: Basal arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 9/4

Major findings: Of operations
Of autopsy none

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

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

23. Signature Julius Elmer (M. D. or other)
Address 4500 Olive Date signed 4/22/44

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.