

No. 300
10.48

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14664
3190

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) | | 2069 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1424a Shawmut Place | | d. STREET ADDRESS (If rural, give location) 1424a Shawmut Place | |

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|--|------------|-------------|-------------------|--|
| 3. NAME OF DECEASED (Type or Print) ROSE | a. (First) | b. (Middle) | c. (Last) ROTHMAN | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 3, 1951 |
|--|------------|-------------|-------------------|--|

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|---------------|------------------------|---|--------------------------|---|------------------------|-----------------------|-------------------------|-------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Unknown | 9. AGE (In years last birthday) Abt. 39 | If UNDER 1 YEAR Months | If UNDER 24 HRS. Days | If UNDER 10 MINS. Hours | If UNDER 10 MINS. Mins. |
|---------------|------------------------|---|--------------------------|---|------------------------|-----------------------|-------------------------|-------------------------|

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|---|-----------------------------------|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Russia | 12. CITIZEN OF WHAT COUNTRY? USA |
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|-----------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME Morris Rothman | 13b. MOTHER'S MAIDEN NAME Dora Komenschein | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Rothman-1424a Shawmut | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | 2 1/2 hours |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | 2 yrs. |
| | DUE TO (c) Diabetes mellitus | | 15 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 2100K |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from 11/18, 1928, to 4/3, 1951, that I last saw the deceased alive on 4/1, 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

| | | |
|---|---------------------------------|-------------------------|
| 23a. SIGNATURE Harold Scheff (Degree or title) M.D. | 23b. ADDRESS 457N. Kingshighway | 23c. DATE SIGNED 4/3/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8/5/51 | 24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha Cem. St. Louis County, Mo. | 24d. LOCATION (City, town, or county) (State) |
|--|------------------|--|---|

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|-------------------------------------|-----------------------------------|----------------------------------|---------------------|
| DATE REC'D BY LOCAL REG. APR 4 1951 | REGISTRAR'S SIGNATURE J.B. Foster | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS 5216 Delmar |
|-------------------------------------|-----------------------------------|----------------------------------|---------------------|

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Ketter
Licensed Embalmer No. *3880*

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: