

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12755**  
Registrar's No. **11291**

FILED DEC 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Unk.</b>		e. STREET ADDRESS (If rural, give location) <b>3500 Cass</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Enroute Jewish Hosp.</b>			

**3. NAME OF DECEASED** (Type or Print)  
a. (First) **ABE** b. (Middle) **ROCHMAN** c. (Last) **ROCHMAN**  
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 10, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Marr.** 8. DATE OF BIRTH **Ab. 1884** 9. AGE (In years last birthday) **ab. 70**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Merchant** 10b. KIND OF BUSINESS OR INDUSTRY **reta il delic.** 11. BIRTHPLACE (City and State or Foreign Country) **USSR** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Kieva Rochman** 13b. MOTHER'S MAIDEN NAME **Hanna h Goldie** 14. NAME OF HUSBAND OR WIFE **Anna**

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. **Unk/** 17. INFORMANT'S SIGNATURE OR NAME **Anna Rochman** ADDRESS **3500 Cass**

**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, ashenia, etc. It means the disease, injury, or complication which caused death.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Cardiac decompensation** (b) **Arterio-sclerotic Heart Disease** (c) **Diabetes Mellitus**  
INTERVAL BETWEEN ONSET AND DEATH **2 days** **years** **years**

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. **Myocardial Infarction**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **Oct. 1945**, to **Dec. 10, 1954**, that I last saw the deceased alive on **Dec. 9, 1954**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harman M. Meyer M.D.** 23b. ADDRESS **4409 West Pine** 23c. DATE SIGNED **11/10/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 24b. DATE **12/12/54** 24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth** 24d. LOCATION (City, town, or county) (State) **University City Mo.**

DATE REC'D BY LOCAL REG. **DEC 11 1954** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Berger Memorial** ADDRESS **4715 McPherson**

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

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**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.....  
Signature of Student Embalmer

Signed..... *Lawrence J. Dineen*

Licensed Embalmer No. *3988*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.  
If this body is not embalmed, fact should be so stated above.