WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20942

File No.

Registered No. 5437

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. , Sanitarium St.; Ward)

Registration District No. 19

Primary Registration District No.

2. FULL NAME Anthony Rother

(a) Residence, No. 7237 Stafford St.; 13 Ward. Maplewood, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Josephine Rother

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1886.

7. AGE: Years 46; Months 4; Days 18; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri

FATHER

13. NAME John Rother

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " Germany

17. INFORMANT Arthur A. Hines
(ADDRESS) 5400 Arsenal.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Mo. DATE 6-7-1932

19. UNDERTAKER Neiburg & Hill
(ADDRESS) Washington Mo.

20. FILED JUN 7 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1932, to 6-4, 1932

I last saw him alive on 6-4, 1932. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3-28-32 +
7371	
23	

Other contributory causes of importance: (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur A. Hines, M. D.

(Address) 5400 Arsenal.