

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

Do not use this space.

26882

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1908  
City St Louis (No. 4614 Enright)

File No.....  
Registered No. 7114  
St. 12 (Ward)

**2. FULL NAME**

(a) Residence, No. .... St., 12 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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 Single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1869

7. AGE YEARS MONTHS Days If LESS than 1 day, ..... hrs. or ..... min.  
64 10 21

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER  
13. NAME George Rothembach

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

MOTHER  
15. MAIDEN NAME Caroline Radloff

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

17. INFORMANT Leo J. Drockey (ADDRESS) 1002 Chestnut St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 20 1934

19. UNDERTAKER Arthur J. Blomberg & Co (ADDRESS) 3840 Grand

20. FILED 19 1934 Joe J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1-34 1934

I last saw h. a. alive on 7-1-34 1934 Death is said to have occurred on the date stated above, at 10 P. m.

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

Ch. Bronchitis Pneumonia (Date of onset 9-30-34)

Other contributory causes of importance: Ch. Myocarditis & Nephritis

Name of operation Autopsy Date of 7-18-34

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 1934

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) Dr. J. Smith M. D. (Address) 3624 1/2

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.

AUG 16 1934

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

22 2 10

12-2

Dr. Frank Smith

3624 S. Broadway