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

Do not use this space.

1. PLACE OF DEATH MAR 21 1935
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. 4447 McPherson Ave St. ..... Ward)

File No. 10806
Registered No. 2428

2. FULL NAME Louis Rothgiesser
(a) Residence, No. 4447 McPherson Ave St., 19 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 (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Epstein 4-9-1872

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~62~~ 62	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clothing merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & insurance
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) Germany

FATHER
13. NAME Michael Rothgiesser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT F. Bert Baer
(ADDRESS) 4447 McPherson Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Sinai DATE 3/14/35 19

19. UNDERTAKER Mayer
(ADDRESS) 4356 Lindell Blvd

20. FILED MAR 14 1935 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1934, 19 to Mar. 12, 1935, 19
I last saw him alive on Mar. 12, 1935, 19 Death is said to have occurred on the date stated above, at 9:15 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of the stomach with complete obstruction of the pylorus.	Dec 27 1934
Other contributory causes of importance:	
Toxemia	Mar. 1 1935

Name of operation ------ Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) O. C. Barnes M. D.
(Address) 320 Metro. Bldg.

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.

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