

JUN 1 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *St Paul Hospital*)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **17727**
Registered No. **4017**
St. Ward)

2. FULL NAME *Inf of Arnold Rothermish*

(a) Residence, No. *2002 1/2 Linton St.* **9** Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>5-1-1935 130A</i>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, <i>17</i> hrs. or <i>17</i> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>	
	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) <i>St Louis MO</i>		
FATHER	13. NAME <i>Arnold Rothermish</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>MO</i>	
MOTHER	15. MAIDEN NAME <i>Edna Orf</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>MO</i>	
17. INFORMANT <i>Arnold Rothermish</i> (ADDRESS) <i>2002 1/2 Linton</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Josephville MO</i> DATE <i>5-3 1935</i>		
19. UNDERTAKER <i>H. A. Stark and Co</i> (ADDRESS) <i>2117 E. Grand</i>		
20. FILED <i>MBV -2 1935 19</i> <i>J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-1 1935*

22. I HEREBY CERTIFY, That I attended deceased from *May 1 1935* to *May 1 1935*

I last saw *her* alive on *May 1 1935*. Death is said to have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:
Premature birth at 6th month due to premature separation of placenta. Cause of this condition. Baby lived 16 hrs. At 2 1/2 yrs.

Other contributory causes of importance:
none

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? *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?
If so, specify *Premature labor*
(Signed) *Premature labor*, M. D.
(Address) *1117 E. Grand*

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.

Dr Kane -