

REC'D SEP 12 1938

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

26804  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **St. Louis Mo.** (d) Street No. **4426 Taft Ave.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **6818****2. PRINT FULL NAME**

**Anthony (TONY) Rothermel** **365**  
 (a) Residence, No. **4426 Taft Ave** St. **15**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Bertha Rothermel</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug 11 1861</b>		
7. AGE YEARS <b>76</b>	MONTHS <b>11</b>	DAYS <b>18</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Shoe Worker</b>		
9. Industry or business in which work was done, as 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) <b>St. Louis Mo.</b>		
FATHER	13. NAME <b>Rothermel</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
17. INFORMANT (ADDRESS) <b>Bertha Rothermel</b> <b>4426 Taft Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Valhalla Crematory Aug 1 1938</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Shook &amp; Co's</b> <b>2906 Gravois Ave</b>		
20. FILED <b>AUG 1 1938</b> <b>J. B. Brudeck</b> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 29 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 1 1937** to **July 29 1938**  
 I last saw him alive on **7-29-38** 19. Death is said to have occurred on the date stated above, at **12 30 AM**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic myo carditis** Date of onset **5/1/37**  
**skin carcinoma left side of face** **7 yrs ago**  
 Other contributory causes of importance:  
**None**  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **no**

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.

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify..... (Signed) **D. C. Pfeiffer**, M. D.  
 (Address) **45235 Kings Highway**

**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, .....

**THOS. KUTIS**

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Thos Kutis*

Licensed Embalmer No. **1619**

P. O. Address

*2906 Graves*

**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 this body is not embalmed, above space should be left blank.**