

DEC 13 1939 791
Registration District No. 1002

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5029 Cabanne Ave.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 46 years, months or days) (Specify whether
3 1/2 years, months or days)

3. (a) PRINT FULL NAME ELIZABETH HUDSON ROTHWELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Joseph Samuel Rothwell 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Aug. 28th. 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 2 21 hr. min.9. Birthplace Pleasant Hill, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Henry Clay Arnold13. Birthplace Lexington Ky. 1
(City, town, or county) (State or foreign country)14. Maiden name Matilda Arnold15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lillian E. Rothwell(b) Address 4874 Anderson Ave. St. Louis Mo.17. (a) Burial (b) Date thereof 11-21-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar Blvd.19. (a) NOV 21 1939 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5029 Cabanne Ave.,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1939 hour 9 minute 30 P. M.21. I hereby certify that I attended the deceased from Nov 19
_____, 1939, to Nov 19, 1939that I last saw her alive on Nov 19, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Hemiplegia
after Sclerosis Duration 1 dayDue to Chronic Myocarditis About 1 yearDue to Arteriosclerosis 1 yearOther conditions none
(Include pregnancy within 3 months of death)Major findings: No operation PHYSICIAN _____Of autopsy no autopsy Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no(b) Date of occurrence X(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place) (e) Means of injury X23. Signature William T. Hruschak (M. D. or other) M.D.Address 3500 N. 2nd Date signed 11/29/39

Wm T. Ainsley
3500 N. Laurel

8-9, 1941 - 8, + 6 - 9:30 PM

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, or by.....

Albert E. White

Registered Apprentice No. *209*

working under my personal supervision.

Signed.....

Joe E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address.....

6125 Delmon

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.