

FILED APR 17 1942

1003

Registration District No. 791

Primary Registration District No.

Registrar's No. 3200

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5939a Wabada Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1
1942 to April 7 1942
that I last saw him alive on April 7
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia Duration 2 days
Due to AS
Due to

Other condition Carcinoma of Cervix
(Include pregnancy within 3 months of death)
Major findings: uteri Grade II
Of operations: Carcinoma of uter
Cervix uteri C Metastases
Of autopsy

PHYSICIAN

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? Means of injury
23. Signature L.M. Riordan (M. D. or other)
Address 4500 Olive St Date signed 4/17/42

3. (a) PRINT FULL NAME ANNA ROTHERT.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward L. Rothert. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 8, 1877.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 29 hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business at home.

12. Name Frank Tallis.

13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Reisenleiter.

15. Birthplace ? New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward L. Rothert.

(b) Address 5939a Wabada Ave.

17. (a) Burial (b) Date thereof 4-10-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) APR 9 1942 (b) J. F. Predeck
(Date received local authority) (Registrar's signature)

APR 9 1942

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

Dr. L. M. Riordan.
Lister Bldg.
Hours 1 to 3 P.M.
Rosedale 6614.

MO 2810

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.....

David C. Gibson....., Registered Apprentice No. *3454*
working under my personal supervision.

Signed *David C. Gibson*.....

Licensed Embalmer No. *3454*.....

P. O. Address *5966 Easton St. S.E.*.....

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, fact should be so stated above.