

S. No. 2
M-5-42
5-17-39
PI X32873

39257

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 29 1942

Registrar's No. 10538

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(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 9 weeks.
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.
 (c) City or town University City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 765 Harvard Ave.,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FOUNTAIN ROTHWELL.

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

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

6. (b) Name of husband or wife Anna Rothwell. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb'y, 1, 1868.
(Month) (Day) (Year)

8. AGE: Years 74. Months 10. Days 15. If less than one day _____ hr. _____ min.

9. Birthplace Calloway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Collector of U. S.

11. Industry or business Customs.

MOTHER FATHER

12. Name Alexander M. Rothwell.

13. Birthplace Calloway County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sally Price.

15. Birthplace Calloway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Rothwell.

(b) Address 765 Harvard Ave, U. City.

17. (a) Burial. (b) Date thereof 12/18/1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.,

19. (a) DEC 18 1942 J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th.
 year 1942. hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 6 - 42
 _____, 19____, to Dec 16 - 1942

that I last saw him alive on Dec 16 - 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Gally Steves
anemia of liver.
Chronic myocarditis

Other conditions 12H
(Include pregnancy within 3 months of death)

Major findings: as above
 Of operations _____

Of autopsy not done

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. J. Bradeck (M.D. or other) _____
 Address 4952 Maryland Date signed 12-17-42

Duration
 ?
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

E. H. H. H.

Dr. J. W. Thompson
Dr. Oliver Abel, Jr.,
4952 Maryland Ave.,
FO: 8844.
FEB 9 1969

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No: *4011*

P. O. Address *St. Louis, Mo*

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.