

FILED SEP 30 1944
Registration District No. **348**

Primary Registration District No. **1003**

Registrar's No. **8102**

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 29 days
(Specify whether)
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Rotchford

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

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

6. (b) Name of husband or wife Mary Rotchford 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased July 10th 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>766</u>	<u>2</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace " " (City, town, or county) (State or foreign country)

14. Maiden name " " (City, town, or county) (State or foreign country)

15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Kleinhoffer

(b) Address 4774 St. Louis Ave.

17. (a) burial (b) Date thereof 9/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Avenue

19. (a) SEP 21 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [Handwritten]
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1439a North 24th Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
 year 1944 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from 8/21/44, 1944, to Sept. 20th, 1944.

that I last saw him alive on Sept. 20th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema Duration 5 weeks

Due to metastatic cancer of liver, cachexia

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: [Handwritten Signature]

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ellis Lipitz Date signed 9/20/44

Address 1515 Lafayette

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 *Eugene W. Sullivan*.....

Licensed Embalmer No. # 2930.....

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

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.