V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42297

State File No.

Registration District No. 305 Primary Registration District No. 6047 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Josephville Mo. Cuma (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Josephville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 4-2 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town Josephville (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine Georgene Rothermich

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 Married

6. (b) Name of husband or wife Henry Rothermich

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov (Month) 6 (Day) 1893 (Year)

8. AGE: Years 52 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Bridgeton (City, town or county) Mo (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

FATHER
12. Name Peter Stein
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johana Kothe
15. Birthplace Wentzville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Henry Rothermich
(b) Address Wentzville Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Josephville Mo

18. (a) Signature of funeral director F. E. Rotman
(b) Address Wentzville

19. (a) Dec 27 1945 (Date received local registrar) (b) Mrs Jess Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1945 hour 1 30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 1945 to Dec. 23 1945; that I last saw her alive on 12/23 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma	12 Hr.
Due to Diabetes mellitus	10 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H C W C Murray (M. D. or other) M.D.

Address Wentzville, Mo Date signed 12/27/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-2-46

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 T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.