

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

State File No. _____
 Registrar's No. 251

FILED JAN 21 1946
 Registration District No. 318

Primary Registration District No. 1003

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:
6543 Smiley Ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs. (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____
 (c) City or town St. Louis Ave
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6543 Smiley Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Michael Joseph Rothery
3. (b) If veteran, name war None **3. (c) Social Security** No. None
4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** Married
6. (b) Name of husband or wife Frances **6. (c) Age of husband or wife if** 65 **alive** 65 **years**
7. Birth date of deceased Sept 26th. 1875
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 7th.
 year 1946 hour 6:00 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from 9.25 **19** Feb **to** 1-7 **19** 46
 that I last saw him alive on 1-6 **19** 46
 and that death occurred on the date and hour stated above.

Immediate cause of death Ca Stomach
 Due to _____
 Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 70 Months 3 Days 12 If less than one day _____ hr. _____ min.
9. Birthplace New York N.Y.
 (City, town, or county) (State or foreign country)
10. Usual occupation Fireman
11. Industry or business Retired
12. Name Patrick Rothery
13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland 11
 (City, town, or county) (State or foreign country)
16. (a) Informant Frances M. Rothery
(b) Address 6543 Smiley Ave.
17. (a) Burial Calvary Cent **(b) Date thereof** 1-11-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cent
18. (a) Signature of Harrison & Sheahan Und. Co
(b) Address 4415 Washington Blvd
19. (a) JAN 9 1946 **(b) J. T. Bredech**
 (Date received local registrar) (Registrar's signature)

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 Philip Schuck **(M. D. or other)** _____
Address 1703 Grand **Date signed** 1-8-46

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

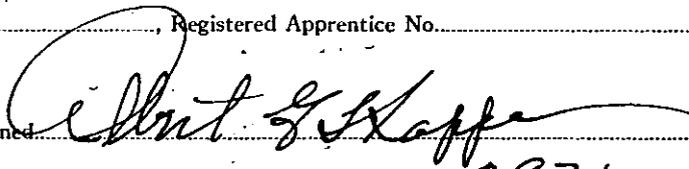
3037

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.....



..... Licensed Embalmer No. 2971.....

P. O. Address.....

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.