

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

Registration District No. 367

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hosp. C
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution yes (Specify whether years, months or days) 4 days

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural 36
(If outside city or town limits, write "RURAL")

(d) Street No. Washington R#2 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Rose Mary Roetheli

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased December 20 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1946 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-27 1946, to 12-28 1946;
that I last saw her alive on 12-28 1946;
and that death occurred on the date and hour stated above.

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

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

10. Usual occupation none

Immediate cause of death Pneumonia Duration 2 da
Pleural effusion

Due to Congenital Cerebral atrophy with Edema
basal ganglia

Other conditions PTW

MOTHER FATHER

12. Name Hugo J. Roetheli

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

14. Maiden name Margaret E. Schroeder

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

Major findings: Cerebral - Tracheal fistula

Of operations fistula

Of autopsy Infection of Cerebral Anastroches

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

16. (a) Informant Hugo J. Roetheli

(b) Address Washington, Missouri

17. (a) Rural (b) Date thereof 12 31 1946
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Nicholas White Inc

(b) Address Washington, Mo

19. (a) 12-30-46 (b) Ruthell
(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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature D. Mauro (M. D. or other) 1
Address St. Mary's Hosp Date signed 12-29-46

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

Lester H. Vitt

Licensed Embalmer No.

3254

P. O. Address

Washington, 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.