

7. S. No. 2
 OM-8-43
 v. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36519
 Registrar's No. 2266

Registration District No. 37

Primary Registration District No. 3068

1. PLACE OF DEATH: ST LOUIS
 (a) County ST LOUIS
 (b) City or town MAPLE WOOD MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MAPLEWOOD NURSING HOME
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo (Specify whether
 In this community 40 YEARS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County ST LOUIS MO
 (c) City or town RICHMOND HTS MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7449 DALE AVE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN S ROTHWEILER

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

4. Sex M 5. Color or race R 6. (a) Single, widowed, married; divorced WIDOWED
 6. (b) Name of husband or wife EMMA ROTHWEILER 6. (c) Age of husband or wife if alive DECEASED years
 7. Birth date of deceased DEC 31 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 25 8 hr. 45 min.

9. Birthplace ST LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation R.R. EMP RETIRED

11. Industry or business _____

12. Name JOHN ROTHWEILER 4
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Early Lebert
 (b) Address 1200 N. 4th St

17. (a) REMOVAL (b) Date thereof OCT 19 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLWOOD CEM. MILLWOOD MO

18. (a) Signature of funeral director Walter Borker

(b) Address 6336 Clayton Rd

19. (a) 10-30-47 (b) Charles H. Hark
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 26
 year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 25 1947
1947 to Oct 26 1947
 that I last saw him alive on 10/26/47 and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System
 Due to Senility Duration 2 days

Due to 830

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

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (a) 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 Walter Borker (M. D. or other) _____
 Address 3500 Cornbridge Maplewood Mo Date signed 10/28/47

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

116
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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.....

Elmer R. Cadwell

Licensed Embalmer No. *4077*

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.