No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3020

State File No. .....

FILED JAN 16 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 145

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: Christian Hospital
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4232 Holly Ave. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 50

If yes, name country .....

3. (a) PRINT FULL NAME Max Rother, Sr.

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 Married

6. (b) Name of husband or wife Anna Halt Rother

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased September (Month) 6 (Day) 1865 (Year)

8. AGE: Years 82 | Months 3 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Retired Brewmaster

11. Industry or business .....

MOTHER FATHER

12. Name (?) Rother

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Anna Rother

(b) Address 4232 Holly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) JAN 6 1948 (Date received local registrar) F. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1948 hour 6 minute 54 P.M.

21. I hereby certify that I attended the deceased from Jan 3 1948, 19..., to Jan 3 1948, 19..., that I last saw him alive on Jan 3 1948, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	—
Due to: Pneumonia	6 da.
Due to: Prostatic Hyp. C.	24 yr.
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: H/O	
Of autopsy	

PHYSICIAN — Underline the cause of 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 0

23. Signature V. D. Pfeffer (M. D. ~~or other~~)

Address 2405 Pattonville Date signed 1-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 4366

P. O. Address Kansas, 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.