No. 300
10.48

FILED APR 18 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16157

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3564

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2029
d. STREET ADDRESS (If rural, give location): 2 5424a Rhodes Ave. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): GEORGE
b. (Middle): JOHN
c. (Last): ROTHWEILER

**4. DATE OF DEATH** (Month) (Day) (Year): Apr. 3 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Sep. 18, 1894
**9. AGE** (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Salesman-Frank's
**10b. KIND OF BUSINESS OR INDUSTRY**: Men's Wear
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: George John Rothweiler
**13b. MOTHER'S MAIDEN NAME**: Katherine Richardson
**14. NAME OF HUSBAND OR WIFE**: Clara Rothweiler

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 1
**16. SOCIAL SECURITY NO.**: 489-07-9015
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Clara Rothweiler 5424a Rhodes Ave.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION** — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 4201

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 308 P m., from the causes and on the date stated above.*

**23a. SIGNATURE** Joseph M. Quinn Deputy Form 3 (Degree or title)
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 4/4/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Apr. 6, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: National Cemetery
**24d. LOCATION** (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: APR 4 1953
REGISTRAR'S SIGNATURE: F. Earl Smith, M.D. K.P.
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed William C. White

Licensed Embalmer No. 4291

P. O. Address 4228 Dr King Highway

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.