

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14358

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>924</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		d. STREET ADDRESS <u>7069 Plymouth</u>		e. (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Orvell</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Rothwell</u>		6. DATE OF BIRTH	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 7, 1907</u>		9. AGE (In years last birthday) <u>47</u>		10. MONTH <u>3</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Rothwell</u>		13b. MOTHER'S MAIDEN NAME <u>Fanny Waller</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Stone Rothwell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-01-9672</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Rothwell</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u>		ANTECEDENT CAUSES				1. <u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>hypertensive cardiac disease</u>				2. <u>17</u>	
DUE TO (c) <u>myocardial insufficiency</u>		II. OTHER SIGNIFICANT CONDITIONS.					
Conditions contributing to the death but not related to the disease or condition causing death. <u>obesity</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21d. (COUNTY) _____	
21e. (STATE) _____		21f. HOW DID INJURY OCCUR? _____		21g. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Dec. 8, 1953</u> , to <u>March 3, 1954</u> , that I last saw the deceased alive on <u>March 3, 1954</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry S. Roederberg M.D.</u>			23b. ADDRESS <u>1467 N. Union St. Louis, Mo.</u>			23c. DATE SIGNED <u>4-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Apr. 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/19/54</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Amke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home</u>			
ADDRESS <u>9222 Lackland</u>							

(Licensed Embalmers' Statement on Reverse Side)

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

RR Keweenaw
1467 Plymouth

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

Al C. Ostmann

Licensed Embalmer No. 3478

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.