

No. 300
10. 48

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19939

State File No.

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 28

I. PLACE OF DEATH
a. COUNTY PIKE
b. CITY OR TOWN Sumner Twp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILL b. COUNTY PEORIA
c. CITY OR TOWN Peoria 812^g
d. STREET ADDRESS (If rural, give location) 1014 Butler St.

3. NAME OF DECEASED
a. (First) Fred b. (Middle) H c. (Last) ROUTENBERG
4. DATE OF DEATH (Month) (Day) (Year) June 5 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 11-4-1874 9. AGE (In years last birthday) 79 10 UNDER 1 YEAR Months Days 10 UNDER 1 Wk. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR 10b. KIND OF BUSINESS OR INDUSTRY DISTILLING 11. BIRTHPLACE (State or foreign country) GERMANY 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE MARY TOUTENBERG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 948-03-3044 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Routenberg ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Cod overtured - within war
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. thrown out on pavement

INTERVAL BETWEEN ONSET AND DEATH
?

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SOURCE HOMICIDE Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 54 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bawling Green Pike 082 Mo

21d. TIME OF INJURY June 5-54 1 A m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Driver lost control of car

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead on June 5, 1954, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Mudd (Degree or title) Coroner 23b. ADDRESS Bawling Green, Mo. 23c. DATE SIGNED June 5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 6-8-1954 24c. NAME OF CEMETERY OR CREMATORY TARKVIEW 24d. LOCATION (City, town, or county) (State) PEORIA, ILLINOIS

DATE REC'D BY LOCAL REG. 6-28-54 REGISTRAR'S SIGNATURE Bill Robinson 254-0 FUNERAL DIRECTOR'S SIGNATURE John R. ... ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

0820
1

JUL 1 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold C. Kiske

Signed.....
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Banning, Tenn.*

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..