

FILED DEC 18 1956

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

State File No.

43787

10926

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		c. LENGTH OF STAY (in this place) 5 yrs. 1 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO			
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home of Missouri				d. STREET ADDRESS (If rural, give location) 4381 Delmar Blvd			
3. NAME OF DECEASED (Type or Print) BENJAMIN F. Rothschild			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug. 11-1864		9. AGE (in years last birthday) 92	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 48 Hrs. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Express transfer		11. BIRTHPLACE (City and State or Foreign Country) Salem Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis B. Rothschild			13b. MOTHER'S MAIDEN NAME Emma Anthony		14. NAME OF HUSBAND OR WIFE Diza Kimball (Dead)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 508-24-9077		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Louis C. Robertson, Sup't., Masonic Home of Missouri			
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) Uremia				INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease				20 yrs	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442x					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-18 , 1856, to 11-28 , 1856, that I last saw the deceased alive on 11-27 , 1856, and that death occurred at 6:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold E. Walters M.D.				23b. ADDRESS 3720 Washington St. Louis Mo.		23c. DATE SIGNED 11-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		
DATE REC'D BY LOCAL REG. NOV 29 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Alexander & Sons 6175 Delmar Blvd			

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

(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 Gas. E. McCulloch

Licensed Embalmer No. 2461

P. O. Address 617 Palmar

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.