

BIRTH NO. 32819-57 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>	c. LENGTH OF STAY (In hospital) <u>2 DAYS</u>	c. CITY OR TOWN <u>O'FALLON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>0920</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>—</u> c. (Last) <u>ROTHERMICH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29 1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 27-57</u>
9. AGE (In years last birthday) <u>2</u>		10. a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>—</u>	10. b. KIND OF BUSINESS OR INDUSTRY <u>—</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>ROBERT ROTHERMICH</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH PRINSTEIN</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Rothermich</u> ADDRESS <u>O'FALLON MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 240g</u> INTERVAL BETWEEN ONSET AND DEATH <u>19 MO</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. 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? <u>2</u> 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) (COUNTY) (STATE) <u>776x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>27 MAY 1957</u> , to <u>29 MAY 1957</u> , that I last saw the deceased alive on <u>29 MAY 1957</u> and that death occurred at <u>4:30 P.M.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Rene J. Dunbar MD</u> (Degree or title)		23b. ADDRESS <u>O'FALLON MO</u>	
23c. DATE SIGNED <u>31 MAY 57</u>		24a. PORTAL CREMATION REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>MAY 31/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Assumption Ave O'Fallon</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Kerlitz</u> ADDRESS <u>O'Fallon MO</u>	
DATE REC'D BY LOCAL REG. <u>JUN 1-57</u>		REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	

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

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 Not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. A. Kuntz

Licensed Embalmer No. 877

P. O. Address Dalton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.