

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 18 1960

=60-021462

INDEXED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4864** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b	c. CITY OR TOWN St. Louis,
c. FULL NAME OF (If NOT in hospital, give LOCATION) HOSPITAL OR INSTITUTION Little Flower Convalescent Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4544 Nebraska Ave.
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Anton Middle --- Last Rothfischer			4. DATE OF DEATH Month May Day 8, Year 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/7/1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY Retired 1 yr.	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Rothfischer	13b. MOTHER'S MAIDEN NAME Katherine Schneider	14. NAME OF HUSBAND OR WIFE Mary Rothfischer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (no, or unknown)) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 488-18-6933	17. INFORMANT Mary Rothfischer	Address 4544 Nebraska Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 days ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerosis	
	DUE TO (c) 331x	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1st Cerebral Hemorrhage Jan 29 1960		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 3:35 a.m. p.m.	Month, Day, Year 11-13-40
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Louis	20f. CITY, TOWN, OR LOCATION St Louis	COUNTY Mo	STATE
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21. I attended the deceased from 11-13-40 to May 8 1960 and last saw her him alive on May 6 1960 Death occurred at 3:35 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Max Sturbluff, M.D. (Degree or title)	22b. ADDRESS 512 Dorel Place	22c. DATE SIGNED 5/8/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 10, 1960	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Gebken-Benz Mortuary	ADDRESS 2842 Meramec St. St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

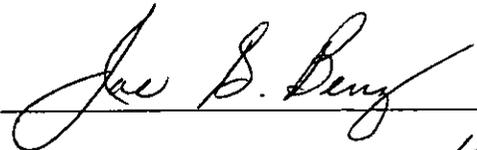
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4249
2842 Meramec St,
P. O. Address St. Louis, 18, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.