

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12616
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis.** (d) Street No. **3522 Grace Ave** Registered No. **3220**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Amelia C. Rothweiler 346**

(a) Residence, No. **3522 Grace Ave.** St. **176**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Franklin D. Rothweiler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Home**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Henry Bischoff**
14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Julia Bossler**
16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Harry Rothweiler**
(ADDRESS) **3522 Grace Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **April 6** 19**38**

19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **3634 Gravois Ave**

20. FILED **APR 5 1938** **J. F. Bulch**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 4 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 1**, 19**38**, to **April 4**, 19**38**
I last saw **her** alive on **April 4th**, 19**38**. Death is said to have occurred on the date stated above, at **9:15 a**.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Date of onset
Hemorrhage of Lungs
Other contributory causes of importance
9-12 Kidney
Tubercular Tuberculosis

Name of operation..... **none** Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **Edward Drace**, M. D.
(Address) **3702 Gravois**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Ohland. Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Ohland.

Licensed Embalmer No. 2645

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.)