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.

DEC 1 OCT 12 1938

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

30387
Do not use this space.

2
1

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 7824
(c) City St. Louis (d) Street No. 3523 Grace Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Henry R. Rothermich 365
(a) Residence, No. 3523 Grace Avenue St. 16
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Rothermich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27, 1874

7. AGE: YEARS 64 | MONTHS 3 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Josephville, Missouri 0

FATHER
13. NAME: Joseph A. Rothermich 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Josephville, Missouri 0

MOTHER
15. MAIDEN NAME: Frances Roettger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Josephville, Missouri

17. INFORMANT (ADDRESS): Anna Rothermich, 3523 Grace Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S. S. Peter + Paul DATE Sept 5, 1938

19. FUNERAL DIRECTOR (ADDRESS): Wm. J. Robert, 1905 So. Grand Blvd.

20. FILED SEP - 4 1938 J. P. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to Sept 1st, 1938
I last saw him alive on Sept 1-, 1938. Death is said to have occurred on the date stated above, at 9:50 p m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate 5 10

Date of onset

Other contributory causes of importance: General Metastasis

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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? .....
If so, specify .....
(Signed) Joseph C. Ferris, M. D.
9/3/38 (Address) 4209 Virginia

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Wm J Robert

Licensed Embalmer No.— 502

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)