

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1003

9054

Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. **2819**
(c) City or St. Louis, Mo. (d) Street No. 3522 Hawthorne Blvd. 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 Diza M. Rothchild

(a) Residence, No. 3522 Hawthorne St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank Rothchild
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Nil.
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) Murphysboro Ill.13. NAME John B. Kimball14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Posey Co. Ind.15. MAIDEN NAME Minnie Phillips16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grayville Ill.17. INFORMANT Frank B. Rothchild
(ADDRESS) 3522 Hawthorne Blvd.18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 3/25/39 19.19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster
(ADDRESS) 4234 Manchester20. FILED MAR 25 1939 J. B. Pudelek
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/39, 1922. I HEREBY CERTIFY, That I attended deceased from 3/14, 1939, to 3/23, 1939.I last saw her alive on 3/23, 1939. Death is said to have occurred on the date stated above, at 1.15 P.M.
The principal cause of death and related causes of importance were as follows:

PITUITARY TUMOR Date of onset
NON-MALIGNANT 1932(?)
Cerebral Emboli 1939

Other contributory causes of importance: 5/E

Name of operation..... 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?..... 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 John A. Bauer M. D.(Signed) John A. Bauer M. D.(Address) 3115 So Grand

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Florenz Eymck

Licensed Embalmer No. *1284*

P. O. Address *St. Louis Mo*

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, above space should be left blank.