

FEB 25 1941

1003

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos., 28 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1247
(d) Street No. 4753a Kensington Pl. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3,
year 1941 hour 12:25 minute _____ P. M.
21. I hereby certify that I attended the deceased from October
6, 1940 to January 3, 1941;
that I last saw her alive on January 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia - Right Upper & Lower Lobes
Due to Old Right Hemiplegia 6 months
Due to Left Cerebral Hemorrhage 6 months
Generalized Pathologic Scholiosis 5 y.o.
Other conditions Essential Hypertension 5 y.o.
(Include pregnancy within 3 months of death)

Duration

1 Day

6 months

6 months

5 y.o.

5 y.o.

PHYSICIAN

Major findings:
Of operations _____
Of autopsy As above
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Fannie Rothwell

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 7 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace LaBelle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Waller

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Lyons

(b) Address 4753a Kensington Pl.

17. (a) Removal (b) Date thereof 1/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tilden, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) 1-3-41 (b) J. P. Bradeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury !

23. Signature Rogers Rothwell (M. D. or other) !
Address 1518 Lafayette Ave. Date signed 1/3/41

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

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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 me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Guy W Wilkinson*
Licensed Embalmer No..... *3575*

P. O. Address.....

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, fact should be so stated above.