

Registration District No. 1921

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17⁰⁰⁰ 17¹⁹
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3821 Lafayette Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME Charles Benton Rothweiler

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Barbara Rothweiler 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased January 22, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired School Custodian

11. Industry or business Public Schools

MOTHER FATHER { 12. Name George W. Rothweiler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Huber
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Rothweiler
(b) Address 3821 Lafayette Ave.

17. (a) Burial (b) Date thereof 3/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) MAR 18 1942 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 26
1942 to Mar 14 1942
that I last saw him alive on Mar 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
Due to: Coronary Arteriosclerosis
Due to: Senescence

Other conditions: (Include pregnancy within 3 months of death)

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

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?

23. Signature: J. F. Bredbeck (M. D. or other) 0
Address: [Signature] Date signed 3-16-42

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

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17
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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 *Wm Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.