

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1146**

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(c) Name of hospital or institution **St. Louis City Hospital**  
(d) Length of stay: In hospital or institution **16 Days**  
In this community **16 Days**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **000**  
(c) City or town **St. Louis 10<sup>12</sup> 9**  
(d) Street No. **3803 Clarence**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Elizabeth Rothert**

MEDICAL CERTIFICATION

3. (b) If veteran **No** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **February** day **3**  
year **1943** hour **3:30** minute **P.** M.

5. Color **White** 6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **Frank** 6. (c) Age of husband or wife if alive **18 1/2**  
7. Birth date of deceased **April 8 1861**

21. I hereby certify that I attended the deceased from **January 19 1943** to **February 3 1943**  
that I last saw her alive on **February 3 1943**  
and that death occurred on the date and hour stated above.

8. AGE: Years **81** Months **9** Days **25** If less than one day **Ar. min**

Immediate cause of death **Thrombosis, middle cerebral artery, left**

9. Birthplace **Manchester, England**

Due to **None**  
Due to **None**  
Other conditions **None**  
Major findings: **None**

10. Usual occupation **at home**

11. Industry or business **at home**

12. Name **Peter McNamee**

13. Birthplace **England**

14. Maiden name **Alice Odger**

15. Birthplace **England**

16. (a) Informant **John P. Nugent**

17. (a) Address **12713 Benton (near) Palovary Bldg.**

18. (a) Signature of funeral director **Chas. J. Stueck**  
(b) Address **1225 Union Blvd.**  
19. (a) **FEB 4 1943** (b) **J. F. Brebeck**

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) **None**  
(b) Date of occurrence **None**  
(c) Where did injury occur? **None**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

23. Signature **Louis J. Neudorff MD**  
Address **1515 Lafayette Avenue**

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

MOTHER FATHER

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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.....

*W. 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.**