

No. 2  
4-12-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

02 014919099

State File No. \_\_\_\_\_

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 1339

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town 8149 Gravois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Miller Nursing Home #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years  
(Specify whether years, months or days)

In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay,  
(If outside city or town limits, write "RURAL")

(d) Street No. 143 Felton  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louis Rothweiler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 9 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>8</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Paper Box Co.

MOTHER FATHER { 12. Name Bernhart Rothweiler

13. Birthplace Germany #4  
(City, town, or county) (State or foreign country)

14. Maiden name Christina Geiger

15. Birthplace Germany #4  
(City, town, or county) (State or foreign country)

16. (a) Informant Rena Rothweiler

(b) Address 143 Felton

17. (a) Burial (b) Date thereof 6-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) JUN 8 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4th  
year 43 hour 5-0 minute 32 P.M.

21. I hereby certify that I attended the deceased from Sept. 3rd  
1941, to May 4, 1943  
that I last saw him alive on May 3rd, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_

Due to Hemiplegia right leg and arm

Due to Epileptiform seizures

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy [Signature]

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury

23. Signature [Signature] (M. D. or other M.D.)  
Address 1259 N. Kensington Date signed 5-6-43

**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.....

*Virgil L. Berryman*

..... Licensed Embalmer No..... *4018*

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, fact should be so stated above.**