

SEP 3 1943 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7629

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7241 Stanford
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anton P. Rothermich

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

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

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October 27 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 26 hr. min.

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

10. Usual occupation Division Manager
11. Industry or business Polar Wave Ice & Fuel

MOTHER FATHER { 12. Name Joseph Rothermich
13. Birthplace Josephville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fredericka Roettger
15. Birthplace Josephville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Rothermich
(b) Address 7241 Stanford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director James F. Stuart

(b) Address 225 Union Blvd.

19. (a) AUG 29 1943 (Date received local registrar) J. F. Benedek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1943 hour 8:15 minute _____ PM.

21. I hereby certify that I attended the deceased from Aug 21 to Aug 23 1943
that I last saw him alive on Aug 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Append. Duration 2 days

Due to _____
Due to _____
Other conditions Cardiac Hypertrophy 2 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Gaugen append.
Of operations _____
Of autopsy _____
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 W. D. Aufderberg M.D. (M.D. or other)
Address 3103 Central St. Date signed 8/24/43

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

SEP 25 1944

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.....

J. Allen Lewis Jr

Licensed Embalmer No.....

4053

P. O. Address.....

City

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.