

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1944
Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16708
State File No.
4865
Registrar's No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 8 Days
In this community years, months or days

3. (a) PRINT FULL NAME Roland P. Rothenburg
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 382-03-3398

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 22 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 2
If less than one day hr. min.

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

10. Usual occupation Construction Worker

11. Industry or business

12. Name George F. Rothenburg

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

14. Maiden name Phillipina Daniel

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

16. (a) Informant Walter Rothenburg

(b) Address 6053 Hartford St.

17. (a) Burial (b) Date thereof May 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address 3634 Gravois

19. (a) MAY 26 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 6053 Hartford St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1944 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pulmonary Tuberculosis

Due to 13

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Thomas F. Pellera (M. D. or other)
Address Deputy Coroner Date signed 5-26-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Frank J. Hand*
Licensed Embalmer No. *9675*
P. O. Address..... *St. Louis*

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.