

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **6880**
Registrar's No. **1503**

Registration District No. **318**

Primary Registration District No. _____

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:
Deaconess 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 _____
 (c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5841 Cabanne Ave.,**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **WADE H. ROTHWELL.**

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. **486-20-1148**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Marian Audrey Rothwell.** 6. (c) Age of husband or wife if alive **38.** years

7. Birth date of deceased **April 14, 1909.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day,
	37.	9.	28.	hr. min.

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

10. Usual occupation **Soap Boiler.**

11. Industry or business **Lever Bros. Soap Co.,**

MOTHER { 12. Name **Allen E. Rothwell.**

13. Birthplace **Callaway County, Missouri.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sally Bruton.**

15. Birthplace **Callaway County, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wade H. Rothwell.**

(b) Address **5841 Cabanne Avenue.**

17. (a) **Burial.** (b) Date thereof **2/14/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery.**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.,**

19. (a) **FEB 13 1947** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **12**
 year **1947** hour **12:40** minute **A.** 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 **Malacia and ruptures of Esophagus following 2nd and 3rd degree burns at 90° Cent of the body received when a tank of soap which he was boiling, boiler over building C, of the Lever Bros Soap Co. 4:45 P.M. Feb. 11, 1947, the South and West walls of said building being stored out by the pressure of the tank exploded.**

Physician's findings: **Unrestrained**

Physician's signature: _____

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) **Accident**

(b) Date of occurrence **Feb 11, 1947**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) **Work**

While at work _____ (e) Means of injury **As above**

23. Signature **Arthur E. Day** (M. D. or other) _____
 Address **107 1/2** Date signed **2/14/47**

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

Dr. J. E. Tom Kessel
Mo. State Bd. Reg. 1961
NE 7618
2 to 4 P.M.
MAR 6

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 Clarence A. Murray
Licensed Embalmer No. 4011
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.