S. No. 2
M—5-43
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o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36200

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10173

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: Missouri Baptist Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ooo
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3512 Arsenal Street (If rural, give location) 9 16 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward B. Rothweiler
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased September 25th, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	1	7	hr. min.

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Pattern-maker
11. Industry or business Remmors Pattern Shop
MOTHER FATHER
12. Name Edward Rothweiler
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
14. Maiden name Gertrude Weismantel
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Nettie Rothweiler
(b) Address 3512 Arsenal, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Hacker-Hellebusch Fun. Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) NOV 4 1947 (Date received by registrar) (b) J. F. Bresee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1947 hour 11 minute 10 P. M.
21. I hereby certify that I attended the deceased from September, 1947, to November 2, 1947; that I last saw him alive on November 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary edema (post-operative)	
Due to Peptic ulcer (hemorrhaging)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations hemorrhaging peptic ulcer
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury O
23. Signature Maximilian Weitman (M. D.)
Address 3530 ARSENAL St. Louis, Mo Date signed 11-3-47

(Licensed Embalmer's Statement on Reverse Side)

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. Ryland

Licensed Embalmer No.....2675

P. O. Address.....Fr Lindsmo

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.