

FILED MAY 7 1948 **318**
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Wt. Louis, Mo.

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

(c) Name of hospital or institution: Firmin Desloge 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)

3. (a) PRINT FULL NAME Routz (Mike) Michael

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

7. Birth date of deceased: 4 (Month) 20 (Day) 1908 (Year)

8. AGE: Years 40 Months 0 Days 5 If less than one day hr. _____ min. _____

9. Birthplace: Antioch (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

12. Name John Routz

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

14. Maiden name Marte Majaras

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

16. (a) Informant John Routz

(b) Address Harrisburg 22 RFD 4

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado II

18. (a) Signature of funeral director Roland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) APR 26 1948 (Date received local registry) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Harrisburg Ill (If outside city or town limits, write "RURAL") 11

(d) Street No. RFD # 4 (If rural, give location) 1

(e) Citizen of foreign country? N.R. (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25, year 1948 hour 12:55 minute _____ P.M.

21. I hereby certify that I attended the deceased from 3-31-48 19____ to 4-25-48 19____

that I last saw him alive on 4-25-48 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral edema Duration 3 days

Pneumonia, post op. 5 days

Due to meningitis (resulting from motor roots of 1, 5, & 3 cervical nerve)

Due to spastic torticollis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Pneumonia, diffuse right lung

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 ①

23. Signature D. Basso (M. D. or other) _____

Address 1325 South Grand, St. L. Date signed 4-25-48

0868

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 Van M Sigmore

Licensed Embalmer No. 4343

P. O. Address Bl Davis 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.