No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1948

Registration District No. 305

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6047

State File No. 27405

Registrar's No. 13

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Josephville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Charles
(c) City or town Josephville Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theresia M. Rothermich
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Rothermich
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 2 (Day) 1863 (Year)
8. AGE: Years 84 Months 9 Days 11 If less than one day hr. min.
9. Birthplace Josephville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Home duties
11. Industry or business
MOTHER FATHER
12. Name Antone Tochtrop
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant John Rothermich
(b) Address Josephville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 16 48 (Month) (Day) (Year)
(c) Place: burial or cremation Josephville Mo
18. (a) Signature of funeral director T. Pitman
(b) Address Wentzville Mo
19. (a) 8/16/48 (Date received local registrar) (b) Martin Roff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1948 hour 1:30 minute P.M.
21. I hereby certify that I attended the deceased from May, 1948, to Aug, 1948 that I last saw her alive on 8/12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature H. C. McWilliams (M.D. or other) MO
Address Wentzville, Mo Date signed 8/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed AUG 16 1948

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 T. E. Pittman

Licensed Embalmer No. 2711

P. O. Address Westerville Ohio

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.