

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24486

BIRTH NO. <u>44018-49</u>		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>6077</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Charles.</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Flittes Hill</u>		a. STATE <u>Mo</u>		b. COUNTY <u>St. Charles</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flittes Hill</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Unk</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Unk</u>		b. (Middle) <u>Unk</u>		c. (Last) <u>ROTHERMICH</u>		Date (Month) (Day) (Year) <u>6-30-49</u>	
5. SEX <u>M. DW</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>June 30-49</u>	
9. AGE (In years last birthday) <u>12</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unk</u>		11. BIRTHPLACE (State or foreign country) <u>State</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Henry A. Rothermich</u>			13b. MOTHER'S MAIDEN NAME <u>Phyllis Throggers</u>			14. NAME OF HUSBAND OR WIFE <u>Unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Rothermich</u>		ADDRESS <u>Wentzville</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 30, 1949</u> , to <u>June 30, 1949</u> , that I last saw the deceased alive on <u>June 30, 1949</u> , and that death occurred at <u>5 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.E. Bergesen J.D.O.</u>				23b. ADDRESS <u>Wentzville, Mo</u>		23c. DATE SIGNED <u>7/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Unk</u>		24b. DATE <u>Unk</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unk</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>49.6.1949</u>		REGISTRAR'S SIGNATURE <u>Martin F. Jeff</u> 408		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Eitman</u>		ADDRESS <u>Wentzville, Mo.</u>	

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

RECEIVED 7-15-49
District Health Officer No. 9
District File Number

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

P. E. Johnson

Signed.....

Student Embalmer

Licensed Embalmer No. *2711*

P. O. Address *Wentzville Mo.*

Wentzville 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.

7-15-49 *HEALTH*