

No. 300
10-48

XC-89 FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19046

REG# 93639

Registrar's No. 2086

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLEVILLE 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		d. STREET ADDRESS (If rural, give location) 115 HURST 8	

3. NAME OF DECEASED (Type or Print) a. (First) EMMET	b. (Middle) A	c. (Last) ROTHWEILER	4. DATE OF DEATH (Month) (Day) (Year) MAY 6 1951
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-2-20	9. AGE (In years last birthday) 31	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BELLEVILLE, ILLINOIS /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ARTHUR ROTHWEILER	13b. MOTHER'S MAIDEN NAME LUETTA BUECHER	14. NAME OF HUSBAND OR WIFE SHIRLEY ROTHWEILER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS JEFFERSON BRKS. MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STATUS EPILEPTICUS		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONVULSIVE DISORDER			
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 353.2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-30 19 51, to 5-6 19 51, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE Shirley L. Haid M.D.	23b. ADDRESS VAH JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 5-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY VALHALLA BURIAL PARK	24d. LOCATION (City, town, or county) (State) BELLEVILLE, ILLINOIS
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DATE REC'D BY LOCAL REG. 5-6-51	REGISTRAR'S SIGNATURE Herbert P. Lomka	25. FUNERAL DIRECTOR'S SIGNATURE FETE GAERDNER & CO	ADDRESS 250 LEBANON BELLEVILLE ILLINOIS
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MAR 25 1962

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.

Student
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

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.