

No. 300
No. 48

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39652

State File No. 10388
Registrar's No. 10388

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>			c. LENGTH OF STAY (In this place) <u>6 Days</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>7 TOWN Saint Louis</u>			<u>2079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4934 Arlington Avenue, 20,</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Rothwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19th, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 8th, 1887</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Structural Ironworker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Morgan Haulers</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Rothwell</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Phillpot</u>			14. NAME OF HUSBAND OR WIFE <u>Irma E. Rothwell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irma E. Rothwell, 4934 Arlington Ave, 20.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral accident</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>331X</u>					
22. I hereby certify that I attended the deceased from <u>Nov 12, 1951</u> , to <u>Nov 19, 1951</u> , that I last saw the deceased alive on <u>Nov 19, 1951</u> , and that death occurred at <u>2:20 P.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>E. H. Kalker M.D.</u>				23b. ADDRESS <u>3121 Grand</u>				23c. DATE SIGNED <u>11-21-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>NOV 23 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>					

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

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.