S. No. 300
v. 10-48

0423
0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42650

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 255

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. CHARLES
c. LENGTH OF STAY (in this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wentzville Rural
d. STREET ADDRESS (If rural, give location) 0420

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) Leonard c. (Last) Rothermich

4. DATE OF DEATH (Month) Dec (Day) 30 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 25-1874
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 3 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Flint Hill Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Rothermich
13b. MOTHER'S MAIDEN NAME Dorothy Roettger
14. NAME OF HUSBAND OR WIFE Sophie Feldewerth Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Henry Rothermich ADDRESS St Charles Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture neck of Rt hip — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ E9040

II. OTHER SIGNIFICANT CONDITIONS Advanced Arteriosclerosis 21
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 18 Dec 1951
19b. MAJOR FINDINGS OF OPERATION Fracture Neck of Rt Femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Florissant (COUNTY) St Louis (STATE) Mo

21d. TIME OF INJURY (Month) Dec (Day) 15 (Year) 1951 (Hour) 6 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Slipped & fell. 400

22. *I hereby certify that I attended the deceased from* 16 Dec, 1951, *to* 30 Dec, 1951, *that I last saw the deceased alive on* 30 Dec, 1951, *and that death occurred at* 8 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Bishop MD
23b. ADDRESS 7 to St Francois Florissant Mo
23c. DATE SIGNED 1/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 2 1952
24c. NAME OF CEMETERY OR CREMATORY St Theodors Cemetery
24d. LOCATION (City, town, or county) Flint Hill (State) Mo

DATE REC'D BY LOCAL REG. 1-2-52
REGISTRAR'S SIGNATURE Frank Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE T. E. Pitman Funeral Home ADDRESS Wentzville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Annetta M. Pitman

Licensed Embalmer No. 3055

P. O. Address 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.