

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21198**

BIRTH NO. **37481** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **201**

644
0

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		c. LENGTH OF STAY (In this place) 4 hrs.	
		d. STREET ADDRESS (If rural, give location) St. Elizabeth Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Girard c. (Last) Rothweiler			4. DATE OF DEATH (Month) (Day) (Year) June 20 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 19 June 1952		9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		13. IF UNDER 20 YEARS OF AGE: Hours Days Mths. Yrs. 4 12 0	

13a. FATHER'S NAME Leo Rothweiler		13b. MOTHER'S MAIDEN NAME Mary Jane Althoff		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Leo Rothweiler	
				ADDRESS Palmyra, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia			INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) un expanded lungs				
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature			7625	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 **19 June 1952** to **20 June 1952**, that I last saw the deceased alive on **20 June 1952**, and that death occurred at **3:05 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Wyeth Hamlin M.D.		(Degree or title) 0		23b. ADDRESS Palmyra Mo.		23c. DATE SIGNED 28 June 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 21 June 1952		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Palmyra Mo.	
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DATE REC'D BY LOCAL REG. 7-1-52		REGISTRAR'S SIGNATURE Dr. E.M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE Lewis Brothers - Palmyra Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 8 1952
MARION CO. HEALTH DEPT.
DATE FILED JUL 11 1952

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.....

BODY NOT EMBALMED

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Salmon Falls, 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.