

FILED JAN 26 1953

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 20

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Saint Charles  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY St. Charles |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>Saint Charles |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>Rural - Saint Charles 0930                               |  |
| c. LENGTH OF STAY (In this place)<br>24 hrs.  |  | d. STREET ADDRESS (If rural, give location)<br>R. R. # 3   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital                       |  |  |  |

|   |                           |  |  |                                   |   |                 |               |  |                  |
|---|---------------------------|--|--|-----------------------------------|---|-----------------|---------------|--|------------------|
| 3. NAME OF DECEASED<br>(Type or Print) Omar   |                           | a. (First) A   | b. (Middle)                              | c. (Last) Rothermich              | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Jan. 19, 1953 |                 |               |  |                  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Single |  | 8. DATE OF BIRTH<br>Oct. 13, 1917 | 9. AGE (In years last birthday)<br>35                     | 10. MONTHS<br>3 | 11. DAYS<br>6 | 12. HOURS<br>1                         | 13. MINUTES<br>1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer |                           |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>OWN |                                   | 11. BIRTHPLACE (State or foreign country)<br>Missouri     |                 |               | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |                  |

|  |  |  |  |  |  |                        |  |
|--|--|--|--|--|--|------------------------|--|
| 13a. FATHER'S NAME<br>Linus M. Rothermich  |  | 13b. MOTHER'S MAIDEN NAME<br>Mary Wapelhorst |  | 14. NAME OF HUSBAND OR WIFE<br>none                                  |  |                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>Yes World War II |  | 16. SOCIAL SECURITY NO.<br>488-26-0720       |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs. Walter Eckler, St. Charles |  | ADDRESS<br>St. Charles |  |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Failure  |  | 14 days                          |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Chronic Nephritis<br>DUE TO (c) Malignant Hypertension |  | ?<br>?                           |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |                                  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br>592X   |  | 20. AUTOPSY<br>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) |  | 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 Jan 5, 1953, to Jan 19, 1953, that I last saw the deceased alive on Jan 18, 1953, and that death occurred at 3:40 A. M., from the causes and on the date stated above.

|  |  |                              |  |                                  |  |
|--|--|------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE<br>George R. Lasakis M.D. |  | 23b. ADDRESS<br>O. Fallon Mo |  | 23c. DATE SIGNED<br>Jan 21, 1953 |  |
|--|--|------------------------------|--|----------------------------------|--|

|   |  |                            |  |  |  |   |  |
|---|--|----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial |  | 24b. DATE<br>Jan. 21, 1953 |  | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Peter's Cemetery |  | 24d. LOCATION (City, town, or county) (State)<br>Saint Charles, Mo. |  |
|---|--|----------------------------|--|--|--|---|--|

|  |  |  |  |  |  |                             |  |
|--|--|--|--|--|--|-----------------------------|--|
| DATE REC'D BY LOCAL REG.<br>Jan 21, 1953 |  | REGISTRAR'S SIGNATURE<br>Fannie Hamilton |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>W. C. Dallmeyer + Sons |  | ADDRESS<br>St. Charles, Mo. |  |
|--|--|--|--|--|--|-----------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

923  
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FEB 10 1953

FEB 10 1953

MAR 30 1953

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 Frank R. Amalano

Licensed Embalmer No. 4832

P. O. Address St. Charles, 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.