

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33966

State File No.

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8220

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>2059</u>
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospit al</u>		d. STREET ADDRESS (If rural, give location) <u>6009 Maple Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OTTO</u>	b. (Middle)	c. (Last) <u>ROTHSCHILD</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Aug. 24, 1953</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>Sept. 10, 1908</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>II</u> Days <u>17</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>Heindrich Rothschild</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilde Buttienwiser</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Rothschild</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith Rothschild-6009 Maple Avenue</u>
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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, ashenia, 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) <u>Neurorrhage from self inflicted wound in throat.</u>	DUE TO (b) <u>Carcinoma of the head of the pancreas with metastasis to the liver and mediastinal gland about the gastric arch.</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death (not related to the disease or condition causing death) <u>at the Jewish Hosp on Aug 24 1953 at approx 6:00 am</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1953 at approx 6:00 am Suicide</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shop</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 24 53 6:30 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E977X4</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 p., m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick C. Taylor</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>8.26.53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>AUG 25 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskopf, Inc., 5216 Delmar Blvd.</u>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

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.