

FILED AUG 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25166**
Registrar's No. **7072**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 25166		Registrar's No. 7072		
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>				c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1463 Rowan</i>				e. STREET ADDRESS (If rural, give location) <i>1463 Rowan 2069</i>						
3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) <i>Thomas</i> c. (Last) <i>Rothert</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 29, 1954</i>							
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>March 24, 1878</i>		9. AGE (In years last birthday) Months <i>81</i> Days <i>4</i> Hours <i>5</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Construction</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Supervisory</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13a. FATHER'S NAME <i>Henry Rothert</i>			13b. MOTHER'S MAIDEN NAME <i>Johanna Lester</i>			14. NAME OF HUSBAND OR WIFE <i>Katherine Dittmeier, decd</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Ruth Rothert, 1463 Rowan, St. Louis</i>				ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma - Bladder</i>						INTERVAL BETWEEN ONSET AND DEATH <i>9 months</i>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <i>May 5</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Bladder</i>						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? <i>181X</i>						
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>54</i> , to <i>July 29, 1954</i> , that I last saw the deceased alive on <i>July 28, 1954</i> , and that death occurred at <i>6:15 P. m.</i> , from the causes and on the date stated above.										
23a. SIGNATURE <i>Joseph J. Nayke M.D.</i> (Degree or title)				23b. ADDRESS <i>St. Louis, Mo. Grand & Washington Blvd.</i>				23c. DATE SIGNED <i>30 July 54</i>		
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/31/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>				
DATE RECD BY LOCAL REG. <i>JUL 30 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul A. Sherrill, St. Louis, Mo.</i> ADDRESS _____					

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. *453*

P. O. Address *[Handwritten 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.