No. 300
10.48

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3035

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0288

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI BAPTIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ST. Louis
c. CITY OR TOWN: University City 433 6
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6264 Enright Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): H ENRY
c. (Last): ROTHSCHILD.

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 5 1883
9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: BANK CLERK
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM HENRY ROTHSCHILD
13b. MOTHER'S MAIDEN NAME: EMMA FOCHS
14. NAME OF HUSBAND OR WIFE: ALTA WOODSON ROTHSCHID

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.: 497188064
17. INFORMANT'S SIGNATURE OR NAME: ALTA WOODSON ROTHSCHILD
ADDRESS: 6263 ENRIGHT AV

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) Hemiplegia, Rt. Side — INTERVAL BETWEEN ONSET AND DEATH: Dec. 12

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis — ?
DUE TO (c) ~~Fibroid Phthisis~~ (?) Chronic Bronchitis Fibrosis lower bronchial trees

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 5021.

22. *I hereby certify that I attended the deceased from* Nov 20, 1954, *to* 1/10, 1955, *that I last saw the deceased alive on* 1/10, 1955, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Nakata (Degree or title): MD
23b. ADDRESS: 503-5 Humboldt Bldg.
23c. DATE SIGNED: 1-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: JAN'Y 12/55
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CREMATORY
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO

DATE REC'D BY LOCAL REG.: JAN 11 1955
REGISTRAR'S SIGNATURE: J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: C.R. Lupton & Sons
ADDRESS: 7233 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

3/11/55 eb

Dr. J. C. Nakada

University Club Bldg. 1 to 3
JE-3-9588

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 140

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.