. Health, & Welfare Public Service

S. 300
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FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027389
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7372

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ste Genevieve
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Ste. Genevieve 0951 0 Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 11 Firmin Desloge Hospital Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 31 Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Hilda	Middle: E.	Last: Rootler	4. DATE OF DEATH Month Day Year: July 25, 1958
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2	8. DATE OF BIRTH: April 12, 1897	9. AGE (In years last birthday): 61 — 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (City and state or country): Ste. Genevieve, Missouri. 1	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13a. FATHER'S NAME: Charles Roth	13b. MOTHER'S MAIDEN NAME: Elizabeth Gettinger	14. NAME OF HUSBAND OR WIFE: Fred Rootler, dec'd		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Betty Rootler, Ste. Genevieve, Missouri.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma breast — 9 years

DUE TO (c) 170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Esophageal Hiatus hernia with bleeding

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 10, 1956, to July 25, 1958 and last saw her alive on July 25, 1958
Death occurred at 12:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph V Finnegan 0	22b. ADDRESS: 634 N Grand	22c. DATE SIGNED: 7-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 7-26-58	23c. NAME OF CEMETERY OR CREMATORY: Local	23d. LOCATION (City, town, or county) (State): Ste. Genevieve, Missouri.
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG.: JUL 28 '58	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MJB.	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 21 1958

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 John J. Haines

Licensed Embalmer No. 4108

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

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