

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

20
59-037297

FILED VS OCT 16 1959

STATE FILE NUMBER

Registration District No. 305 Primary Registration District No. 1047 Registrar's No. 1047

RECEIVED

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		Length of stay in 1b Lifetime	c. CITY OR TOWN Wentzville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wentzville, Mo. RR 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #2
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle JOSEPH Last ROTHERMICH			4. DATE OF DEATH Month October Day 4 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/14/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 5 Days 15 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Church Custodian		10b. KIND OF BUSINESS OR INDUSTRY Custodian		11. BIRTHPLACE (City and state or country) Josephville, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Frank Rothermich		13b. MOTHER'S MAIDEN NAME Theresia Tochtrop		14. NAME OF HUSBAND OR WIFE Catherine Stein	
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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) No		16. SOCIAL SECURITY NO.		17. INFORMANT RR #2 Mo. Sylvester Rothermich, Wentzville,	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 1 hr
IMMEDIATE CAUSE (a) Coronary embolism			
DUE TO (b) Arteriosclerosis			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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20c. TIME OF INJURY Hour Month, Day, Year 			
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **Nov. 25, 1957** to **Oct 4, 1959** and last saw him alive on **Oct 3, 1959**
Death occurred at **3:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. M. Keller M.D.		22b. ADDRESS Wentzville, Mo.		22c. DATE SIGNED 10-6-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/7/1959	23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	23d. LOCATION (City, town, or county) (State) Josephville, Missouri
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24. FUNERAL DIRECTOR ADDRESS J. Pitman, Wentzville, Mo. 911 Pitman Ave.		25. DATE RECD. BY LOCAL REG. Oct 8 1959	26. REGISTRAR'S SIGNATURE Martin F. Puff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Garth J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.