WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10912

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No.

Township ~~Bonhomme~~ — Primary Registration District No. 3037 — Registered No. 78

City Kirkwood (No. 1744 Janet Avenue St. Ward)

2. FULL NAME George Pete Rott

(a) Residence, No. 1744 Janet Ave., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---- Batchlor---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1858

7. AGE: 74 YEARS, 10 MONTHS, 22 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brewery Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beer Brewery

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME George Rott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Caroline Dameron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Leona Wunsch (sister) (ADDRESS) 3723 Virginia, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Old St. Marcus Cemetry St. Louis Mo. DATE Mch. 25, 33

19. UNDERTAKER Allen W. McLaughlin (ADDRESS) 2301 Lafayette Ave.

20. FILED 3/24, 1933 C. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Found dead 1:00 Noon on 3/23/33, 19 to 19

I last saw h. by Elmer Carley & Kirkwood Police alive on 19 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Myo. Cardilis chronic
General Anasarca
Extreme scrotal hernia, both sides

Date of onset

Other contributory causes of importance:
Block heart Angina Pectoris
Senility
Obesity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luke B. Turner, M. D.

(Address) 3718 Jennings Rd. Owner St. Louis, Co., Mo. 3/24/33