

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

Do not use this space.

34857

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 Township Carroll Primary Registration District No. 6247 E  
 City St. Louis (No. mi. St. Rose Sour) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Rott  
 (a) Residence, No. 4135 W 2 St. \_\_\_\_\_ Ward St. Louis 9th  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Rott  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-23-1882  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 52 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice & Coal  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

13. NAME John Rott

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Marie Simpson  
 (ADDRESS) 4135 W 2

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE 9-17 1934

19. UNDERTAKER W. A. Stock Mud Co  
 (ADDRESS) 2117 E. Grand Blvd

20. FILED 9-14 1934 W. A. Stock Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 6/28 1934 to 9/13 1934  
 I last saw h/m. alive on 9/13 1934 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset \_\_\_\_\_  
Chronic myocarditis 1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? any Was there an autopsy? Yes

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? Yes  
 If so, specify \_\_\_\_\_ (Signed) W. A. Stock, M. D.  
 (Address) 910 E. Broadway

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.

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Dr. Tate