

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

Do not use this space.

**DATE OF DEATH** 12 1938

1008

30714

County ..... Registration District No. ....  
 Township ..... Primary Registration District No. ....  
 City St. Louis (No. ....) St. Luke's Hospital St. .... Ward) 8151

2. FULL NAME John G. Rottman  
 (a) Residence, No. 6919 Hunter Ave St. YLP Ward. Beverly Hills Village Mo  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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 Hahn Rottman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
79 9 30

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18th 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Sept 12, 1938  
 I last saw h. l. m. alive on Sept 12, 1938. Death is said to have occurred on the date stated above, at 7pm m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouse Clerk  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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) St Louis Missouri

Diabetes Mellitus ?  
 Other contributory causes of importance:  
Diabetic Gangrene Rt Foot  
auricular fibrillation  
generalized arteriosclerosis  
 Name of operation Amputation Date of 8/21/38  
 What test confirmed diagnosis? Was there an autopsy?

13. NAME George Rottman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Henretta Fox  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Mrs Mary Rottman 6919 Hunter Ave  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 16th, 38

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? h.p.  
 If so, specify  
 (Signed) Wm H Weber, M. D.  
 (Address) 1506 Hodiamant

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.

19. UNDERTAKER (ADDRESS) Stroost - Carroll 4600 Natural Bridge Ave  
 20. FILED SEP 15 1938 J. D. Puck Registrar.

This is to certify that I have examined  
the Body of John G. Rottman Sheldon Co

License # 3382