

RECD APR 12 1939

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

8581
Do not use this space.
2346

791
1003

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, (d) Street No. St. Anthony Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

365 Lawrence O. Rotermund
(a) Residence, No. 4124 Oregon Ave. St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1901
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 8 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Revenue Examiner
9. Industry or business in which work was done, as saw mill, bank, etc. Southwestern Bell Telephone Co.
10. Date deceased last worked at this occupation (month and year) spent in this occupation.....

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

13. NAME John F. Rotermund

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Eva B. Ley

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

17. INFORMANT Walter F. Rotermund (ADDRESS) 4124 Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL New SS. Peter and Paul PLACE DATE Mar. 14, 1939

19. FUNERAL DIRECTOR (NAME) J. H. Beckwith & Co. (ADDRESS) 2842 Meramec

20. FILED MAR 12 1939 J. F. Bredon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1939, to 3-11, 1939

I last saw him alive on 3-10, 1939. Death is said to have occurred on the date stated above, at 5:05 A.M.
The principal cause of death and related causes of importance were as follows:

meningitis, pneumococcus type 7B Date of onset 3/7/39

Other contributory causes of importance: MA

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Walter M. Jones M. D.
(Address) 3400 Meramec

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Herman A. Gebken*

Licensed Embalmer No..... 2120

P. O. Address..... 2842 Meramec St.

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.)
St. Louis, Mo

If this body is not embalmed, above space should be left blank.