

JAN 12 1940 701

State File No. _____
Registrar's No. 10591

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5020 Chippewa
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Nora Rotty
300
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Anton X. Rotty 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 9 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Michael O'Rourke
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Dwyer
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rose Sapp
(b) Address 5020 Chippewa

17. (a) Burial (b) Date thereof 12-17-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director John J. Ziegenhain & Sons
(b) Address 7027 Gravois Ave

19. (a) DEC 11 1939 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 50 Stebbens Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1939 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from 12/8/39
_____ 19____ to 12/8/39 19____;
that I last saw her alive on 12/8/39 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 hr.
Due to Chronic Myocarditis ?
Due to _____
Other conditions MI
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury MI
28. Signature Durand Benjamin (M. D. or other) MD
Address 7408 1/2 Maple Date signed 12/11/39

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937a Gravois*

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