

NOV 16 1940 791

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8334

1. PLACE OF DEATH:

(a) County _____
 (b) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4431a ASHLAND AVE; 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County _____
 (c) City or town SAINT LOUIS: 25
(If outside city or town limits, write "RURAL")
 (d) Street No. 405 WASHINGTON AV: MO. ATHLETIC
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME MAX ROTTER

8. (b) If veteran, name war none 8. (c) Social Security No. 388-12-2860

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 13 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 I 23 hr. _____ min.

9. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation CONSULTING ENGINEER
 11. Industry or business BUSCH SULZER BROS. DIESEL ENG. CO. 6

MOTHER FATHER { 12. Name CHARLES G. ROTTER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name CLARE EHRHARDT

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant GEO. A. SPRINGMEYER
 (b) Address 2166 TOWER GROVE AVE;

17. (a) REMOVAL (b) Date thereof 10/7/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILWAUKEE WISCONSIN

18. (a) Signature of funeral director C. R. LUPTON AND SONS
 (b) Address # 7233 DELMAR BLVD.

19. (a) OCT 7 1940 (b) J.P. Brudick
(Date received local record) (Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
 year 1940 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 29, 1940 to Oct 6, 1940

that I last saw him alive on Oct 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis 1 day

Due to Pericarditis 1 day

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J.P. Brudick (M. D. or other) _____
 Address 2924 Grand Date signed 10/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 11 1942

SEP 10 1942

757 = 3456

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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