

S. No. 2  
4-13-40  
7-5-17-39  
P. I. X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

**STANDARD CERTIFICATE OF DEATH**

2513

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 11

36  
6  
2

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

1. PLACE OF DEATH:  
(a) County Franklin.  
(b) City or town Washington.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: (None.) Front & Burnside Sts.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None. (Specify whether)  
In this community 70 yrs.  
years, months or days

3. (a) PRINT FULL NAME Julia Rott.  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced 2 Widowed  
6. (b) Name of husband Louis Rott 6. (c) Age of husband deceased years  
7. Birth date of deceased June 20th 1870.  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 8  
If less than one day  
hr. min.

9. Birthplace Washington, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

12. Name Henry Holthaus.

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

14. Maiden name Mary Anna Aschmann.

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

16. (a) Informant Mr. Harry J. Schroeder,  
(b) Address Washington, Missouri.

17. (a) Burial (b) Date thereof Feb. 1st, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Wiesner & Witt, Inc., Wash. Mo.

(b) Address Washington, Missouri

19. (a) Jan. 30 - 1941 (b) H. U. May  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. Front & Burnside Sts.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th  
year 1941 hour 8:00 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from Jan 24  
1941, to Jan 28 1941;  
that I last saw her alive on Jan 28 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia, Lobes  
bilateral.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Frank G. Wags (M. D. or other) \_\_\_\_\_  
Address 311 1/2th, Washington, Mo.

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Me  
Lester H. Pitt, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Lester H. Pitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

**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, fact should be so stated above.**