

No. 2
4-12-40
4-17-39
I X23185

4344

State File No. _____

FEB 14 1941
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 260

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Sappington

(c) Name of hospital or institution: Baptist Church Rd.
Route 6 Box 1520
(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 St. Louis

(c) City or town Sappington
Route 6 Box 1520
(If outside city or town limits, write "RURAL")

(d) Street No. Sappington
(If rural, give location)

(e) If foreign born, how long in U. S. A? 50 years.

3. (a) PRINT FULLNAME FRANK ROTTLER SR.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
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6. (b) Name of husband or wife Maria Anna 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 7 1871
(Month) (Day) (Year)

8. AGE: Years <u>69</u>	Months <u>11</u>	Days <u>24</u>	If less than one day _____ hr. _____ min.
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9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter Rottler

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

14. Maiden name Elizabeth Eisenfels

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

16. (a) Informant Maria Anna Rottler

(b) Address Route 6 Bax 1520 Sappington Mo

17. (a) Burial (b) Date thereof Feb. 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. H. Gebken

(b) Address 2842 Waramec St.

19. (a) Feb - 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan 28
_____, 1941, to Feb 1, 1941;
that I last saw him alive on Jan 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Bronchitis

Due to Influenza

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations [Signature]
Of autopsy _____

Duration

2 yrs

6 yrs

4 days

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 [Signature] (M. D. or other) _____
Address Sappington Mo Date signed 2/3/41

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

6000

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

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St.
St. Louis, 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.