

S. No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40154

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

Registrar's No. 9870

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(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

3. (a) PRINT FULL NAME MARTIN - ROTT

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept 17 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Louis Rott

13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rott

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred J. Rott

(b) Address 236 W. Adams - Kirkwood, Mo.

17. (a) Burial (b) Date thereof 12-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cemetery

18. (e) Signature of funeral director James H. Bopp, D.D.

(b) Address 1214 Argonne Dr. - Kirkwood.

19. (a) DEC 13 1941 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 502 W. Kirkwood Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12  
year 1941 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Nov 18  
\_\_\_\_\_, 1941, to Dec 12, 1941;  
that I last saw him alive on Dec 12, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure 3 mo.

Due to Hypertensive Heart Disease

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

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

Duration

3 mo.  
1 year.

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 G. R. Shreffler (M. D. or other) \_\_\_\_\_  
Address 1020 Ma. Theatre Bldg. Date signed 12-12-41

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

00  
17  
9

**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 John M. Meyer

Licensed Embalmer No. 23288

P. O. Address Kirkwood, 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, above space should be left blank.**