

No. 2  
4-5-43  
5-17-37  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35813

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

FILED NOV 6 1943

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2457

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7370 Carleton Ave.  
(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 University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7370 Carleton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna B. Rottmann.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fred W. Rottmann. 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased March 8, 1876.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd.  
year 1943 hour 3 minute 45 A.M.  
21. I hereby certify that I attended the deceased from January 1 - 1941  
1941 to Nov. 1st 1943  
that I last saw her alive on October 30th 1943  
and that death occurred on the date and hour stated above  
Immediate cause of death Cancer of breast Duration 2 yrs

8. AGE: Years Months Days If less than one day  
67 7 25 hr. \_\_\_\_\_ min.

Due to General Physician & Surgeon

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

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

10. Usual occupation Housewife

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Major findings: \_\_\_\_\_  
Of operations 50  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Leo Streicher.  
13. Birthplace ? Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Hamon.  
15. Birthplace ? Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred W. Rottmann.  
(b) Address 7370 Carleton Ave.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-4-1943.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.  
(b) Address 5966-68 Easton Ave.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Andreas (M. D. or \_\_\_\_\_)  
Address 1460.50 Grand Ave Date signed 11/2/43

19. (a) NOV 4 - 1943 (b) E. J. McBarren, M.D.  
(Date received local registrar) (Registrar's signature)

707 (Licensed Embalmer's Statement on Reverse Side)

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

96  
3  
5

Dr. P.A.Hamel.  
1408 So. Grand

NOV 19 1948

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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.....

*Ben Hoffman*

Licensed Embalmer No.....

*14366*

P. O. Address.....

*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.**