S. No. 2
M—2-43
. 5-17-39
21 X3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22147

FILED JUN 26 1946

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 5286

1. PLACE OF DEATH:

(a) County ____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3830 Connecticut St /
(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 Mo (b) County 000
(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")
(d) Street No. 3830 Connecticut St
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Dr Julius Rotteck
3. (b) If veteran, name war No
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 29 (Day) 1881 (Year)

8. AGE: Years 65 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Medical Doctor
11. Industry or business Self

FATHER
12. Name Ernst Rotteck
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Meier
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Rotteck
(b) Address 3830 Connecticut St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Kriegshauser
(b) Address 4200 So. Kingshighway
19. (a) JUN 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1946 hour 3.12 AM minute ____ M.

21. I hereby certify that I attended the deceased from 10/6 1945 to 6/14 1946
that I last saw him alive on 6/14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of splenic flexure of large bowel (colon)	3 yrs. 8 mo.
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Major findings:
Of operations Colostomy performed - findings as above.
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 P. J. Moskop M.D. (M. D. or other)
Address 3554 Victor St. Date signed 6/17/46

(Licensed Embalmer's Statement on Reverse Side) St. Louis (4) Mo.

5386

Dr. Moskopf

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.....Edwin D McDermot

Licensed Embalmer No.....3024

P. O. Address.....

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.