

No. 2
2-45
17-39
X47070

FILED JUL 7 1947 318

Primary Registration District No. 1003

State File No.

Registrar's No.

6169

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:
3925A St. Louis 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 Mo (b) County oco
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3925A St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1947 hour 7 minute 30A M.
21. I hereby certify that I attended the deceased from 12-12-1943 to 6-27-1947
that I last saw him alive on June 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
Due to Hypertension, Malignant 1947
Arteriosclerosis, Gen. 1947
Other conditions: none
(Include pregnancy within 3 months of death)

Duration
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Max J. Rotter Jr.

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. None

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

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

7. Birth date of deceased: Feb. 26, 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 1 If less than one day hr. _____ min. _____

9. Birthplace: St. Louis (City, town, or county) (State or foreign country) O

10. Usual occupation: Florist

11. Industry or business _____

12. Name: Max Rotter Sr.

13. Birthplace: Austria (City, town, or county) (State or foreign country) if

14. Maiden name: Bertha Rotter

15. Birthplace: Austria (City, town, or county) (State or foreign country) if

16. (a) Informant: Julius M. Rotter

(b) Address: 3925A St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30, 1947 (Day) (Year)

(c) Place: burial or cremation: Lakewood Cemetery

18. (a) Signature of funeral director: Paschedagenke

(b) Address: 2825 N. Grand Blvd.

19. (a) Jul 28 1947 (Date received local registrar) J. J. [Signature] (Registrar's Signature)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature: Nicholas Stitala (M. D. or other) MD
Address: 3861 St. Louis Ave. Date signed: 6/27/47

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

MOTHER FATHER

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.