S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43450

Primary Registration District No. 1003

Registrar's No. 11388

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 16 days (Specify whether years, months or days)
In this community 58 years

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. 121 W. Woodbine Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Rott
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased December (Month) 18 (Day) 1888 (Year)

8. AGE: Years 58 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Affton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Garage
11. Industry or business Owner

MOTHER FATHER
12. Name George Phillip Rott
13. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)
14. Maiden name Elizabeth Kerth
15. Birthplace Mattese (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lucy Rott
(b) Address 121 W. Woodbine, Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) DEC 13 1947 (Date received local registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11th year 1947 hour 4:10PM minute M.
21. I hereby certify that I attended the deceased from 11/23/47, 19, to 12/11/, 19 47; that I last saw him alive on 12/5/, 19 47; and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Coronary Thrombosis 18days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Elmer H. Westrup (M. D. or other) MD
Address 204 E. Big Bend Date signed 12/12/4

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Allmand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.