

FILED AUG 14 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25226
Registrar's No. 6711

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3343 Wisconsin Ave.		d. STREET ADDRESS (If rural, give location) 3343 Wisconsin	

3. NAME OF DECEASED (Type or Print) Dorothy		a. (First) b. (Middle) F. c. (Last) Rottar	4. DATE OF DEATH (Month) (Day) (Year) 8/5/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) about 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) St. Louis--Mo.	
13a. FATHER'S NAME Peter Fabicki		13b. MOTHER'S MAIDEN NAME Josephine Ketterer	14. NAME OF HUSBAND OR WIFE Vassar Rottar	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Vassar Rottar-3343 Wisconsin Ave.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet wound of right skull into brain substance causing ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disused hemorrhage in brain self inflicted in her home DUE TO (c) an Aug 5 1950 spark time		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death unknown			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Suicide	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 5 50 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E976X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor (Degree or title) Cor	23b. ADDRESS 1300 Oak	23c. DATE SIGNED 8.7.50.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/9/50	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 7 1950 J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Kellerle	ADDRESS 3634 Gravois
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
Frank J. Gland. Sr.

Licensed Embalmer No. *2675*

P. O. Address *St Louis*

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.