

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44448

State File No.

FILED DEC 16 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11326**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri. b. COUNTY St. Louis. c. CITY OR TOWN Kirkwood, # 723 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) # 0 Windsor Lane.			
3. NAME OF DECEASED (Type or Print) Minnie a. (First) _____ b. (Middle) _____ c. (Last) Rottman		4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1953.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 1, 1873.	9. AGE (In years last birthday) 80.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. H.H. Bierbaum		13b. MOTHER'S MAIDEN NAME W. Josephine Woestemeyer		14. NAME OF HUSBAND OR WIFE Frank H. Rottman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nestor Riemer, Kirkwood Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral Vascular Accident ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart disease year with hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Day	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4280				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>11-16-42</u>, 19<u>42</u>, to <u>11-27-53</u>, 19<u>53</u>, that I last saw the deceased alive on <u>11-27-53</u>, 19<u>53</u>, and that death occurred at <u>10:45 m.</u> from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>Albert H. Hoppe</i>			23b. ADDRESS 204 E. Big Bend		23c. DATE SIGNED 11-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-28-53	24c. NAME OF CEMETERY OR CREMATORY St Pauls E & R	24d. LOCATION (City, town, or county) (State) Marthasville, Missouri.			
DATE REC'D BY LOCAL REG. NOV 30 1953	REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.