

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39764

State File No. ....

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2408</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <b>St Louis</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Gardenville</b>		a. STATE <b>Mo</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>21 yrs</b>		c. CITY OR TOWN <b>Gardenville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4742 Hanover</b>				STREET ADDRESS (If rural, give location) <b>4742 Hanover</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Fred</b>		b. (Middle)		c. (Last) <b>Rottnek, Sr.</b>		Date (Month) (Day) (Year) <b>Oct. 13, 1954</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Sept 24, 1902</b>	
9. AGE (in years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>19</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Retired - Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Union</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lucas Rottnek</b>		13b. MOTHER'S MAIDEN NAME <b>Lucia Pistotnik</b>		14. NAME OF HUSBAND OR WIFE <b>Hilda Rottnek</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-05-6256</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hilda Rottnek 4742 Hanover</b>			
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 <b>2 1/2 years</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>adenocarcinoma rectum</b>					
		ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<b>154X</b>	
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) (Min.)		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>Dec 1952</u> , to <u>Oct</u> , 1954, that I last saw the deceased alive on <u>10/13</u> , 1954, and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Alan McAfee</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>452 N. Kingshighway</b>		23c. DATE SIGNED <b>10/14/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10/16/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10/15/54</b>		REGISTRAR'S SIGNATURE <b>Heather S. Romberg</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L Ziegenhein &amp; Sons 7027 Gravois</b>			

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

(Licensed Embalmer's Signature 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *E. P. Kidwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027 St*.....

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.