RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-047876

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12099 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. | Length of stay in 1b life?

c. CITY OR TOWN St. Louis | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital of St. Louis University | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2813 S. 13th | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Louise Middle Katherine Last Rotty

4. DATE OF DEATH Month Dec. Day 15 Year 1960

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/28/97

9. AGE (last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) folder in laundry

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Rotty, Joseph

13b. MOTHER'S MAIDEN NAME Kysair, Katherine

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 495-22-2797

17. INFORMANT Elfrieda Lindemann Address 2813 S. 13th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) heart failure } cor pulmonale

DUE TO (c) Chronic lung disease

INTERVAL BETWEEN ONSET AND DEATH 2-3 days (lung disease for years)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 527.2

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/10/60, to 12/15/60 and last saw her alive on 12/15/60
Death occurred at 9 55 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward M. Williams M.D.

22b. ADDRESS Firmin Desloge Hospital

22c. DATE SIGNED 12/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec 19, 1960

23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery

23d. LOCATION (City, town, or county) (State) St Louis Mo.

24. FUNERAL DIRECTOR ADDRESS [illegible] Mortuary, 6633 Clayton Rd.

25. DATE RECD. BY LOCAL REG. DEC 17 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4788

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.