

FILED DEC 29 1944  
378

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 10750

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: Park Lane Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME William Rottmann  
3. (b) If veteran, name war no 3. (c) Social Security No. 488-09-0260

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anna Rottmann 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased August 11 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>4</u>	hr. _____ min.

9. Birthplace St. Louis County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Packer

11. Industry or business Aalco Moving & Storage Co.

MOTHER FATHER  
12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Bangert  
(b) Address 3908 N. 23rd st

17. (a) burial (b) Date thereof Dec-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director P. Iron L. U. Co.  
(b) Address 2707 N. Grand Blv'd

19. (a) DEC 18 1944 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3908 N. 23rd st  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15  
year 1944 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 19 44 to Dec 15, 1944  
that I last saw him alive on Dec 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Corrosion hemorrhage  
Metastatic tumor (likely  
prostatic) Perineal Glands  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Perineal Glands  
(Include pregnancy within 3 months of death)  
metastatic tumor

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to 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 0  
23. Signature W. A. Knight (M. D. or other)  
Address 8201 N. Broadway Date signed 12/16/44

WRITE PLAINLY--USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W E Morris* .....

Licensed Embalmer No. *3360* .....

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 this body is not embalmed, fact should be so stated above.**