

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11493

791  
1003

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Lutheran Hospital)

File No.....  
Registered No. 2567  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. 4931 Robert St., 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Rotteck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-1-1877</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>5</u>
		DAYS <u>15</u>
		If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Postal Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 1933</u>	
	11. Total time (years) spent in this occupation <u>20</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Ernst Rotteck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Cliz. Dannefeller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Dr. Julius Rotteck</u> (ADDRESS) <u>3830 Connecticut St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>3-18</u> 19 <u>33</u>		
19. UNDERTAKER <u>J. P. Biegenhain &amp; Sons</u> (ADDRESS) <u>7029 Spruce</u>		
20. FILED <u>MAR 16 1933</u> <u>W. H. Standen</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/10 1933, to 3/15 1933

I last saw him alive on 3/15 1933 Death is said to have occurred on the date stated above, at 3:25 a. m.

The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis

Other contributory causes of importance:  
Chronic interstitial nephritis  
Labial pneumonia

Name of operation none Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify plymosp. sp.  
(Signed)..... M. D.  
(Address) 3554 Victor St. St. Louis, Mo.

Date of onset  
several  
years?

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

U. S. NO. 2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

