

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32461

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Alexian Brothers Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leo Rottler
 (a) Residence, No. **8300 South Broadway** St. **1**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Rottler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 71

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Architect**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baden Germany**

13. NAME **Peter F. Rottler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mary Rottler - Wife**
 (ADDRESS) **8300 S. Broadway, St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **SS. Peter & Paul** DATE **Sept. 11, 1937**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **7814 S. B'way, St. Louis, Mo.**

20. FILE NO. **SEP 10 1937**
J. Brebeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **August 3, 1937, to Sept 8, 1937**
 I last saw him **Sept 8, 1937** Death is said to have occurred on the date stated above, at **9:30a.**
 The principal cause of death and related causes of importance were as follows:

**Edema of brain
 Rt. cerebral infarct**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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.....

(Signed) **S. M. Tupper**, M. D.
 (Address) **729 N. 13th St.**

STATEMENT BY LICENSED EMBALMER

I, Mr. George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde

L. E. No. 3989

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo W Hoffmeister

Licensed Embalmer No. 2426

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.)