

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MAY 15 1940 791  
Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 3740

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:  
Mo. Baptist Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether Life years, months or days)

In this community Life

3. (a) PRINT FULL NAME Edmund F. Rotermund 365

3. (b) If veteran, name war ---

3. (c) Social Security No. 494-03-329

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lulu Rotermund

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: April 28, 1898  
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Production Manger

11. Industry or business Ramsey Auto Accessories

MOTHER FATHER

12. Name Frank Rotermund

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Walters

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Lulu Rotermund

(b) Address 4923a S. Broadway

17. (a) Burial (b) Date thereof 4/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wacker-Welker

(b) Address 2331 S. Broadway

19. (a) APR 25 1940 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")

(d) Street No. 4923a S. Broadway  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 24  
year 1940 hour 6 minute 30 p.M.

21. I hereby certify that I attended the deceased from Sept 23, 1937, to April 24, 1940;  
that I last saw him alive on April 24, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Primary Bladder Duration 2 1/2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bilateral Pyonephrosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1. Carcinoma Bladder  
2. Bilateral Pyonephrosis

PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Joseph E. Glenn (M. D. certifier)  
Address 1958 Arcade Bldg Date signed 4/25/40

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**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.....

*Robert Wheeler*

Licensed Embalmer No..... *2-128*

P. O. Address..... *Shawnee*

**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, above space should be left blank.**