

10. 2
4-13-40
-17-39
X 2217

FILED MAR 11 1941 784

Registration District No. _____

Primary Registration District No. 101

Registrar's No. 371

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(d) Street No. 2549 Florant Ave.
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William Rotan

3. (b) If veteran, name war unknown 3. (c) Social Security No. 490-05-072

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Phillips Rotan 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Aug. 30 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business Emerson Electric Co.

12. Name George Rotan

13. Birthplace unknown Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Waller

15. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Rotan

(b) Address 2549 Florant St.

17. (a) Oak Hill (b) Date thereof 2-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 2456 Woodchester Ave.

19. (a) FEB 17 1941 (b) J. R. Meyers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1941 hour 5 minute 00 A. / M.

21. I hereby certify that I attended the deceased from 2-13-41
_____, 19____, to 2-16-41, 19____;
that I last saw him alive on 2-16-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Cerebral Artherosclerosis

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 John S. Matthews (M. D. or other) D

Address St. Louis Co. Hosp Date signed 2/17/41

Duration 3 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

E. H. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.