S. No. 2
M—9-4-41
v. 5-17-39
I X29484

94
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25185

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 94

1. PLACE OF DEATH:

(a) County ST FRANCOIS

(b) City or town FARMINGTON, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible]
2 STATE HOSPITAL #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Mo. (b) County Ste. Genevieve

(c) City or town Ste. Genevieve 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LUDWIG WINHURST ROTTLER

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE 0

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

7. Birth date of deceased JAN. (Month) 12 (Day) 1886 (Year)

8. AGE: Years 56 Months 5 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace STE GENEVIEVE, MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name CHARLES ROTTLER
13. Birthplace BADEN, GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name VERONICA SCHILLY
15. Birthplace STE GENEVIEVE, MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant JOS. ROTTLER
(b) Address STE GENEVIEVE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 11 (Day) 1942 (Year)
(c) Place: burial or cremation CALVARY CEMETERY-STE GEN, MO.

18. (a) Signature of funeral director Jerry Stanton Mortuary
(b) Address Ste Genevieve, Mo.

19. (a) July 13, 1942 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1942 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from 6-6-14 ....., 19....., to 7-9-42, 19.....
that I last saw him alive on 7-9-42, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy (cerebral hemorrhage)	7-8-42

Due to Mental deficiency with psychosis
Moderate generalized arteriosclerosis

Due to .....

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

83a

Major findings:
Of operations NO
Of autopsy NO

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) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO (Specify type of place)

Did it at work? NO (e) Means of injury 0

23. Signature G. TIVIS GRAVES, JR., M. D. (M. D. or other)
Address FARMINGTON, MO. Date signed 7-10-42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 842-992

Date Filed 8-10-42

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 Leroy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, M

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.