

FILED APR 8 1943  
Registration District No. 379

Primary Registration District No. 4469

1. PLACE OF DEATH:  
(a) County St. Genevieve  
(b) City or town St. Genevieve Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Genevieve  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Genevieve  
(c) City or town St. Genevieve Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME VALENTINE-FREDRICK-ROTTLER  
8. (b) If veteran, name war V 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 15th  
year 1943 hour 6 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Teresa Rottler 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Mar 21st 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1942 to MARCH 15, 1943  
that I last saw him alive on MARCH 14, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 4 24 hr. \_\_\_\_\_ min.

Immediate cause of death Acute Myo Carditis Duration 3 Months

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Brush Worker & Janitor  
11. Industry or business \_\_\_\_\_  
12. Name Valentine Rottler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Dammann  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Teresa C. Rottler  
(b) Address St. Genevieve Mo  
17. (a) Burial (b) Date thereof March 17th 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Genevieve Mo  
18. (a) Signature of funeral director Wm. J. Stanton  
(b) Address St. Genevieve Missouri  
19. (a) Mar 17/43 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

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 Arthur E. Seaman (M. D. or other) M.D.  
Address St. Genevieve Mo Date signed 3/15/43

WRITE PLAINLY—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.

RECEIVED

District Health Officer No. 4  
District File Number 4-43-2008  
Date Filed 4-6-43

---

---

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 Wesley J. Stanton  
Licensed Embalmer No. 4289  
P. O. Address St. Louis, Mo.

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.