

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28824**
Registrar's No. **1743**

FILED AUG 28 1944
Registration District No. **28447**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6861 Aliceton
(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:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 4261 Bingham
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Rotten

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

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

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

7. Birth date of deceased March 2, 1853
(Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired municipal employee

11. Industry or business _____

12. Name William Rotten

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Koenig

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Hartmann

(b) Address 6861 Aliceton

17. (a) burial (b) Date thereof 8/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) AUG 18 1944 (b) E. G. McDevoran, M.D.
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1944 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 2 1943 to Aug 15 1944
that I last saw him alive on Aug 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Broncho Pneumonia

Due to _____

Due to _____

Other conditions Reptubation
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____

Of autopsy 107

Duration

2 yrs

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? _____

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

23. Signature H. H. ... (M. D. or other) _____

Address 6814 Gravois Date signed 8/17/44

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..... *B. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address *7027 Massachusetts*

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.