

FILED JUL 22 1946  
317

Registration District No. \_\_\_\_\_ Primary Registration District No. **4465**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Rock Hill Village**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**9803 Manchester Rd**  
(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

3. (a) PRINT FULL NAME **Jacob C. Rott**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widower**

6. (b) Name of husband or wife **Katie Rott**

6. (c) Age of husband or wife if alive **19** years **1864**

7. Birth date of deceased **July 19 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>11</b>	<b>20</b>	_____ hr. _____ min.

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

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Jacob Rott**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. ~~Birthplace~~ **Germany**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Wm J. Rott**

(b) Address **R.R. 15 Kirkwood 22 Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **7/11/46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Lucas Cemetery**

18. (a) Signature of funeral director **Meyer-Pfizinger Fun. Home**

(b) Address **Kirkwood 22 Mo.**

19. (a) **7-15-46** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Kirkwood 22**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural Route**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**  
year **1946** hour **4:40** minute **A** M.

21. I hereby certify that I attended the deceased from **March 3**, 1946, to **July 9**, 1946;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the day and hour stated above.

Immediate cause of death **Chronic Myocardial Sclerosis**

Due to **generalized arteriosclerosis**

Due to **93-d**

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

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

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature **a. J. [Signature]** (M. D. or other)

Address **3507 Potomac** Date signed **7-10-46**

**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

*John M. Meyer*

Licensed Embalmer No. *3188*

P. O. Address *33 S. Waterwood Rd  
Riverside, Ca. 92504*

**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.