

No. 2  
8-43  
17-39  
X37823

FILED MAR 13 1947  
Registration District No. 13497

Primary Registration District No. 4532

Registrar's No. 3

1. PLACE OF DEATH: Warren  
 (a) County Warren  
 (b) City or town Marthasville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community life  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Warren 109  
 (c) City or town Marthasville  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Caroline Rottmann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Frederick Rottmann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 19, 1856  
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 90    | 4      | 16   | hr. _____ min. _____ |

9. Birthplace Cappeln, St. Charles, Co., Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name Henry Meyer

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. Hilda Roehrig

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 3-7-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director F.W. Niedburg & Co.

(b) Address Warrenton, Mo.

19. (a) 3/6/47 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
 year 1947 hour 7:05 minute A. M.

21. I hereby certify that I attended the deceased from 21 1946 to Mar 5 1947  
 that I last saw her alive on Mar 5 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Carcinoma of Stomach 347

Due to Old Hypertension acutely 20

Due to \_\_\_\_\_  
 Other conditions Same infirmity  
 (include pregnancy within 3 months of death)

Major findings:  
 Of operations 46B  
 Of autopsy \_\_\_\_\_

| Duration |
|----------|
| 347      |
| 20       |

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 [Signature] (M. D. or other) m 20  
 Address Marthasville Mo. Date signed 3/6/47

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

MOTHER FATHER

APR 9 1947

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3/10/47

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 J. Schaub  
- Licensed Embalmer No. 3897  
P. O. Address Warrenton, 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, fact should be so stated above.