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-1/47
5-17-39

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 24 1948
Registration District No.

Primary Registration District No. 1003

Registrar's No. 9459

1. PLACE OF DEATH:

(a) County:

(b) City or town: SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 WEEKS
(Specify whether)

In this community: LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: SAINT LOUIS 96

(c) City or town: RURAL OVERLAND 0
(If outside city or town limits, write "RURAL")

(d) Street No: 2025a WALTON ROAD
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MRS. OLINDA MARIE L. ROTTMANN

3. (b) If veteran, name war:

3. (c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: OCTOBER day: 10th
year: 1947 hour: 6 minute: 15 P.M.

4. Sex: FEMALE / 5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED 2

6. (b) Name of husband or wife: LATE CHARLES A. ROTTMANN

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: APRIL 14th, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from: July 16, 1947, to: Oct 10, 1947.
that I last saw her alive on: Oct 10, 1947, and that death occurred on the date and hour stated above.

Duration:

8. AGE:

Years	Months	Days	If less than one day
71	5	26	hr. min.

Immediate cause of death: chronic Parenchymatous Nephritis

Due to: —

Due to: —

Other conditions: Chronic Cholecystitis
(Include pregnancy within 3 months of death)

9. Birthplace: SAINT LOUIS COUNTY, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWORK 0

PHYSICIAN: —

Major findings:
Of operations: —
Of autopsy: —

Underline the cause of which death should be charged statistically.

11. Industry or business:

12. Name: CHARLES SALZMANN

13. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name: LOUISA WÖRHEIDE

15. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant: VERNON ROTTMANN

(b) Address: 7507 ST. CHARLES ROCK ROAD

17. (a) BURIAL 0 (b) Date thereof: 10/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Zion Cemetery

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?

(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: 0

18. (a) Signature of funeral director: CALVIN F. FEUTZ

(b) Address: 4828 NATURAL BRIDGE BOULEVARD

19. (a) OCT 13 1947 (b) J.F. Brebeck
(Date received local Registrar) (Registrar's signature)

23. Signature: Vincent J. Townsend (M. D. or other) M.D.

Address: 3101^a Sutton Ave Maplewood Mo
Date signed: 10-11-47

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

MOTHER FATHER

Dr. Townsend.
3101 1/2 Sutton Ave.

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..... *Ralph C. Linder*

Licensed Embalmer No..... *42215*

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, fact should be so stated above.