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FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28922

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 19721

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LeMay, 11
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LeMay Nursing Home,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri, b. COUNTY St. Louis,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 000 17
d. STREET ADDRESS (If rural, give location) 4124 Oregon Ave., 1

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) B. c. (Last) Rotermund,

4. DATE OF DEATH (Month) August, (Day) 14, (Year) 1949.

5. SEX Female, 1
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2
8. DATE OF BIRTH Aug. 29, 1867
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Belleville, Illinois, 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Ley,
13b. MOTHER'S MAIDEN NAME Elizabeth Schaeffer,
14. NAME OF HUSBAND OR WIFE John J. Rotermund,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Walter Rotermund, **ADDRESS** 4124 Oregon Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Right Breast — 8 months
DUE TO (c) Hypertensive Heart Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 1 70X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1949, *to* August 13 1949, *that I last saw the deceased alive on* August 13, 1949, *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George A. O'Sullivan MD
23b. ADDRESS 421 N. Schirmer
23c. DATE SIGNED 8-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,
24b. DATE Aug. 17, 1949
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,

DATE REC'D BY LOCAL REG. 8-16-49
REGISTRAR'S SIGNATURE Herbert R. Hamker / Jm
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St.,

(Licensed Embalmer's Statement on Reverse Side)

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

15-G

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Signed Loren E. Percy

Signed .....
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., ~~St. Louis, 18, 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.