

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3492  
00008

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No.		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (In this place) 8 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		4150		
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Rest Home				d. STREET ADDRESS (If rural, give location) 3709 Manola				
3. NAME OF DECEASED (Type or Print) a. (First) Ernestine Von Rotz b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1 2 1950					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 16, 1867		9. AGE (In years last birthday) 82	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Schultz			13b. MOTHER'S MAIDEN NAME Minnie Vineke			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James O'Sullivan 3709 Manola				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus		DUE TO (b)				20 years	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				260y	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular disease 5 yrs Gangrene of heels						6 months	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260x						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from March 1, 1946, to Jan 2, 1950, that I last saw the deceased alive on Dec 26, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Leivie Littman MD				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 1/3/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-4-50	24c. NAME OF CEMETERY OR CREMATORY New St. Johns		24d. LOCATION (City, town, or county) (State) Melville MO.			
DATE REC'D BY LOCAL REG. 1-3-50		REGISTRAR'S SIGNATURE Herbert A. Donke		25. FUNERAL DIRECTOR'S SIGNATURE Ortmann Funeral Home		ADDRESS Overland Mo.		

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

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**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.....

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

working under my personal supervision.

Signed Al. C. Ostenson.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3478.....

P. O. Address.....

**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.