

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14665
2957
State File No. Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (If in this place) 3 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) 83 TOWN Sappington		4830		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) RR #6				
3. NAME OF DECEASED (Type or Print) a. (First) Katie			b. (Middle)		c. (Last) Rott		4. DATE OF DEATH (Month) (Day) (Year) March 29, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 7, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 3	IF UNDER 4 HRS. Days 22 Hours	
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) St. Louis County		12. CITIZENSHIP OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Deobold Stolz			13b. MOTHER'S MAIDEN NAME Marie Unknown		14. NAME OF HUSBAND OR WIFE John J. Rott			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adolph Mozhner, RR #14, Affton				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right femur					INTERVAL BETWEEN ONSET AND DEATH Year 4200F Feb. 24, 1951	
19a. DATE OF OPERATION 2-24-51		19b. MAJOR FINDINGS OF OPERATION					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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sappington Mo.				
21d. TIME OF INJURY Feb 24 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall in the home				
22. I hereby certify that I attended the deceased from August 28, 1950, to March 29, 1951, that I last saw the deceased alive on March 29, 1951, and that death occurred at 2:40 a. m., from the causes and on the date stated above.								
23a. SIGNATURE Ellsworth Webster M.D.				23b. ADDRESS 204 E. Big Bend Webster		23c. DATE SIGNED 3/30/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-51		24c. NAME OF CEMETERY OR CREMATORY St. Lucas		24d. LOCATION (City, town, or county) (State) St. Louis County		
DATE REC'D BY LOCAL REG. MAR 30 1951		REGISTRAR'S SIGNATURE J. B. Proster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer Pfitzinger, Kirkwood				

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

William A. Fetzinger

Licensed Embalmer No. 4316

P. O. Address Kilwood 22, Pa

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.