

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38804

State File No. ....

FILED NOV 18 1955

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| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri,</u><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis,</u>  |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY OR TOWN<br><u>St. Louis,</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Anthony Hospital,</u>  |  |  |  | STREET ADDRESS (If rural, give location)<br><u>16 3406 Winnebago St.,</u> <u>21670</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br><u>Bernadine</u>  |  | a. (First)   |  | b. (Middle)<br><u>Anna</u>   |  | c. (Last)<br><u>Rottler,</u>   |  |
| 4. DATE OF DEATH<br><u>November 13, 1955</u>   |  | (Month)  |  | (Day)  |  | (Year)   |  |
| 5. SEX<br><u>Female,</u>   |  | 6. COLOR OR RACE<br><u>White,</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married,</u>  |  | 8. DATE OF BIRTH<br><u>September 27, 1906</u>  |  |
| 9. AGE (In years last birthday)<br><u>49</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home,</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Missouri,</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Henry Boennighausen,</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Thieman,</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>August M. Rottler,</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>August M. Rottler, 3406 Winnebago St.,</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Cardiac Collapse</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Ch. Myocarditis</u><br>DUE TO (c) <u>Hypertension</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Ch. Hepatitis</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 1/2 yrs</u><br><u>about 4 yrs</u><br><u>5 yrs</u>   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | <u>473 x</u>   |  |
| 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) (Min.) _____   |  | 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 <u>June 1947</u> , to <u>Nov. 13, 1955</u> , that I last saw the deceased alive on <u>Nov. 12, 1955</u> , and that death occurred at <u>2:00 P.m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE<br><u>Dr. Leo B. Jung</u>   |  |  |  | (Degree or title)<br><u>M.D.</u>   |  | 23b. ADDRESS<br><u>2621 S. Jefferson</u>   |  |
| 23c. DATE SIGNED<br><u>Nov. 14, 1955</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal,</u>   |  | 24b. DATE<br><u>11/16/55</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Resurrection Cemetery,</u>  |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri.</u>  |  | DATE REC'D BY LOCAL REG.<br><u>NOV 14 1955</u>   |  | REGISTRAR'S SIGNATURE<br><u>Carl Smith M.D.</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Gebken-Benz Mortuary, 2842 Meramec St.,</u><br><u>St. Louis, 18, Mo.</u>              |  |

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

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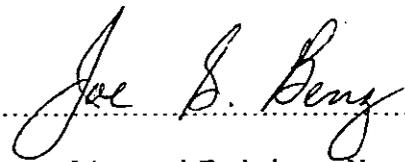
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 42  
2842 Meramec  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.