

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3249

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5411 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 25 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 502 S. Kirkwood Rd.		d. STREET ADDRESS (If rural, give location) 0 502 S. Kirkwood Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) K.	c. (Last) ROTT	4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 12, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Month 0 Day 28	IF UNDER 100 HOURS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Martin Heintz	13b. MOTHER'S MAIDEN NAME Sally Rosenfelder	14. NAME OF HUSBAND OR WIFE Martin Rott
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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 Mrs. Robert Rott	ADDRESS 243 Way Ave. Kirkwood, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 11, 1944, to Jan 10, 1956, that I last saw the deceased alive on Jan. 9, 1956, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Alvord Westrup M.D.</i>	23b. ADDRESS 204 E. Big Bend	23c. DATE SIGNED 1-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/13/56	24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery	24d. LOCATION (City, town, or county) (State) Sappington, Mo.
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DATE REC'D BY LOCAL REG. 1-12-56	REGISTRAR'S SIGNATURE <i>Hubert R. Dombard</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis H. Popp</i>	ADDRESS <i>Kirkwood Mo.</i>
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M. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Felix Husband

Licensed Embalmer No. 3034

P. O. Address Kitwood mo

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.