

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34067**

BIRTH NO. **FILED SEP 17 1957** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8189**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4237 Beethoven</b>		e. STREET ADDRESS (If rural, give location) <b>4237 Beethoven</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucia</b> b. (Middle) <b>Rottnek</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>8-31-57</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 8, 1881</b>
9. AGE (in years last birthday) <b>75</b>		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) <b>House-Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kept House</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Pistotnik</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>		14. NAME OF HUSBAND OR WIFE <b>Don't Know Lucas Rottnek</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Don't Know</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Barbara Rottnek</b>		ADDRESS <b>4237 Beethoven</b>	
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) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Chronic Parenchymatous Nephritis</b>		<b>5 yrs</b>	
DUE TO (c) <b>Obesity</b>		<b>10 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity</b>		<b>591x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b>		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) (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 <b>Sept 10 1947</b> to <b>Aug 2</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>AUG 2 57</b> , 19 <b>57</b> , and that death occurred at <b>8 A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>O. D. Meyer, M.D.</b>		23b. ADDRESS <b>6029 S. Kingshighway Bl</b>	
23c. DATE SIGNED <b>Sept 2 57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>9-4-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bros</b>	
DATE REC'D BY LOCAL REG. <b>SEP 3 57</b>		ADDRESS <b>2201 S. Grand Blvd</b>	

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.....  
Signature of Student Embalmer

Signed *Harvey Kahle*

Licensed Embalmer No. *4596*

P. O. Address *Florence*

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.