

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County St. Charles
Township _____
or
Village _____
or
City St. Charles (NO. 332, N. 6. St. 3. Ward)

Registration District No. 757 File No. 6500
Primary Registration District No. 30.36 Registered No. 18

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Albert H. Kottmann

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Jan 22, 1912
(Month) (Day) (Year)

AGE 18 yrs. 0 mos. 18 ds. IF LESS than 1 day, 0 hrs. or 0 min.?

OCCUPATION (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) St. Charles Mo

NAME OF FATHER Herman Kottmann

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Julia Holtgrave

BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Charles Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henri Kottmann
(ADDRESS) St. Charles Mo

Filed Feb. 10, 1912, Wesley H. Kottmann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 8, 1912, to Feb 9, 1912, that I last saw him alive on Feb 9, 1912, and that death occurred, on the date stated above, at 6 P m. The CAUSE OF DEATH* was as follows:

Meningitis - Cerebral -
79 A
Concussion
(Duration) 2 yrs. 0 mos. 1 ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) O. B. Hurd Signature M. D.
Feb 10, 1912 (Address) St. Charles, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Johns Cemetery DATE OF BURIAL Feb 11, 1912

UNDERTAKER Steinmetz Furniture Co. ADDRESS St. Charles Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Place of occupation.—Precise statement of occupation is very important, so that the relative health-conditions of various pursuits can be known. The question is to each and every person, irrespective of sex, race, color, and many occupations a single word or term on the certificate will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an additional space is provided for the latter statement; it should be used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material may form part of the second statement. Examples: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. Some, who are engaged in the duties of the occupation (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, as *At home*. Care should be taken to report the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housewife*. If the occupation has been changed or given up, the precise specification of the beginning of illness. If retired from business, the precise specification of the date of retirement may be indicated thus: *Farmer* (retired). For persons who have no occupation, the word *None*.

Cause of death.—Name, first, the primary affection with reference to causation, using always the same word for the same disease. Examples: *Cerebellum* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid fever"); *Typhoid fever*; *Lobar pneumonia*; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

