

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.

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

Registration District No. 757 File No. 33947

Primary Registration District No. 3036 Registered No. 128

(NO. 315 South Clay St. 1st Ward)

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

FULL NAME Laura Maria Kottmann

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 16th, 1894
(Month) (Day) (Year)

AGE 18 yrs. 3 mos. 29 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work employed at
(b) General nature of industry, business, or establishment in which employed (or employer) Roberts Johnson - Hand Shoe Factory

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

PARENTS
NAME OF FATHER William St. Kottmann
BIRTHPLACE OF FATHER (City or town, State or foreign country) Nestehappeln Germany
MAIDEN NAME OF MOTHER Heta St. Hilke
BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Charles Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wilhelm K. Kottmann

(ADDRESS) 315 Clay St.

Filed Oct. 18, 1912 Chas. H. Hanstetter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 15, 1912, to Oct 16, 1912, that I last saw her alive on Oct 16, 1912, and that death occurred, on the date stated above, at 8.15 m.

The CAUSE OF DEATH* was as follows:
Acute Leptomyxitis
7919

(Duration) 6 yrs. 2 mos. 2 ds.

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

(Signed) Carl Betton M. D.
Oct. 18, 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 contacted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Johns Cemetery DATE OF BURIAL Oct 18th 1912

UNDERTAKER Stembrinker Turn Co ADDRESS St Charles

mo

#128

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, 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.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH
County St. Charles
Township _____
or _____
Village _____
or _____
City St. Charles (NO. 315 Clay)

Registration District No. 757 File No. 33947
Primary Registration District No. 3036 Registered No. 128
St.: _____ Ward _____

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

FULL NAME Laura Maria Kottmann

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RADE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>June 16, 1894</u> (Month) (Day) (Year)		
AGE <u>18 yrs. 3 mos. 29 ds.</u>		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Employed at Roberts + Traud</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Shoe Factory</u>		
BIRTHPLACE (City or town, State or foreign country) <u>St. Charles, Mo.</u>		
PARENTS	NAME OF FATHER <u>Wm. H. Kottmann</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Marthausen, Germany</u>	
	MAIDEN NAME OF MOTHER <u>Mrs. K. Wilke</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St. Charles Co.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 13, 1912, to Oct. 16, 1912, that I last saw her alive on Oct. 16, 1912, and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:
Acute Septic Meningitis
Spinal meningitis
Meningitis

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Carl P. P. P. M. D.
Oct. 18, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wilhelm K. Kottmann
(ADDRESS) 315 Clay St.

PLACE OF BURIAL OR REMOVAL St. John's Cemetery DATE OF BURIAL Oct. 18, 1912
UNDERTAKER Steinbricker Fur. Co. ADDRESS St. Charles Mo.

Filed Dec 18 1912 J. Oswald Koenigstein REGISTRAR

WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Revised United States Standard Certificate of Death

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

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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.)