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

Do not use this space.

12684

1. PLACE OF DEATH

County ..... Registration District No. 91 1003

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. 3933 West Pine Blvd. St. ..... Ward)

File No. .....

Registered No. 3218

2. FULL NAME Caroline Mottert

(a) Residence. No. ..... St., 19 Ward. Eureka Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Mottert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7/1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	0	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Franklin County Mo.

PARENTS

10. NAME OF FATHER William Haag

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Gertrude Rahm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Victor Mottert
(Address) Eureka Mo.

15. FILED ..... 19 ..... Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1929

17. I HEREBY CERTIFY, That I attended deceased from 12 day of March, 1929, to 13 day of March, 1929 that I last saw her alive on 13 day March 1929, and that death occurred, on the date stated above, at 1:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility Heart Trouble with Hypostatic Pneumonia no Lobar or Broncho # 103 Chr. Myocarditis
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Heart Trouble & Pneumonia one or more
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? by Physical Examination
(Signed) Alonzo G Hobbs, M. D
, 19 (Address) 4064 Pline St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethel Cemetery Pond Mo.

DATE OF BURIAL 3/15 1929.

20. UNDERTAKER Schrader Und.

ADDRESS Baldwin Mo

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.

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DR. A.G. HOBBS
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IO & II