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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 49891

Township ..... Primary Registration District No. 1003 Registered No. 11537

City St. Louis Mo. (No. 1220 N. Market St. St. ..... Ward)

2. FULL NAME John F. Lottman

(a) Residence No. 1220 N. Market St. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	3	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bench Hand
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mound Coffin Co

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Lottman

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Hattie Lottman
(Address) 1220 N. Market St.

15. FILED DEC -9 1930 Max C. Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7th 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1930, to Dec 7th, 1930, that I last saw him alive on Dec 7, 1930, and that death occurred, on the date stated above, at 12:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
94A Myocarditis (Chronic)
93C

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Arthur Sundlach, M. D.

12/8, 1930 (Address) 2202 University 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	DATE OF BURIAL
New Pickers	Dec 10 1930
20. UNDERTAKER	ADDRESS 1407
Hy Leidner Und Co.	N. Market St.

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.