

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

Do not use this space.

42635

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 11111
City St. Louis (No. 2102 - Russell Bl) St. Ward)

File No.
Registered No. 11779

2. FULL NAME

(a) Residence, No. 2102 Russell Bl 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 231

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New St Marcus Church

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

13. NAME Att. Gottermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

15. MAIDEN NAME Mary Beckmings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT (ADDRESS) John G. Gottermann 2102 Russell Bl

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Jan 2, 1933

19. UNDERTAKER (ADDRESS) Wacker & Alderle 2331 Broadway

20. FILED DEC 31 1933 W. C. Standen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
93
Other contributory causes of importance: (Signature)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) (Signature), M. D.
(Address) Deputy Coroner

12/31/32

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.

