

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

Do not use this space.

7635

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. 3158) Alfred Ave St. .... Ward.....

File No.....  
Registered No. 1594  
St. .... Ward.....

**2. FULL NAME**

John J. Dotzman  
(a) Residence, No. 3158 Alfred Ave. St. 16 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2 - 1854.</u>				
7. AGE YEARS <u>78</u>	MONTHS <u>9</u>	DAYS <u>12</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Police officer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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) <u>Germany</u>				
FATHER	13. NAME <u>Fred J. Dotzman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>Marta Dotzman</u> <u>3158 Alfred Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Feb. 17 - 1933</u>				
19. UNDERTAKER <u>Ziegenhein Bros.</u> (ADDRESS) <u>2173 Grover St.</u>				
20. FILED <u>FEB 15 1933</u> <u>Max C. Harkey</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1932 to Feb. 14 1933  
I last saw him alive on Feb. 12 1933. Death is said to have occurred on the date stated above, at 3:07 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Jan 1932  
Diabetes complicated by cystitis and nephritis 1928  
Chronic  
Other contributory causes of importance:  
1330 Mellitus  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chloroform 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Frank Bauer, M. D.  
(Address) 3147 S. Jefferson Ave

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.

THIS IS A PERMANENT RECORD

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