

NOV 30 1935

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**

Township

Primary Registration District No. **1003**City *St. Louis* (No. *2928*, *Keasler St.*)File No.
Registered No. **9799**
St. Ward)2. FULL NAME *John F. Lottmann*(a) Residence, No. *2928 Keasler* St., *10* 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) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lulu Lottmann*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 27, 1875*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
*59 10 25*OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Conductor*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Pullman Co.*

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. Louis Mo.*13. NAME *Fred Wm. Lottmann*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany.*15. MAIDEN NAME *Charlotte Plumer*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany.*17. INFORMANT *Lulu Lottmann*
(ADDRESS) *2928 Keasler*18. BURIAL, CREMATION, OR REMOVAL PLACE *New Bethlehem* DATE *Nov. 25, 1935*19. UNDERTAKER *Frederick Emerald Rose Co.*
(ADDRESS) *1926 St. Louis Ave.*20. FILED **NOV 23 1935** *J. F. Bredek*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 22, 1935*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 19th, 1935, to Nov. 22, 1935*I last saw him alive on *Nov. 22, 1935*. Death is saidto have occurred on the date stated above, at *10:35 AM*.

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

*Pulmonary embolism*Date of onset
Nov. 18-25

Other contributory causes of importance:

*Coronary thrombosis
Chronic myocarditis
Atherosclerosis*

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Frank J. V. Korb*, M. D.(Address) *3500 2nd Street*

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.

