

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

Do not use this space.

JAN 23 1936

786

40886

**1. PLACE OF DEATH**

County St. Louis Registration District No. 4469  
 Townshp. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City Maplewood Mo. (No. 7516 Woodland Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward J. Wötter  
 (a) Residence, No. 7516 Woodland St., Ward \_\_\_\_\_ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1846  
 7. AGE YEARS 89 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
 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) Ill

MOTHER FATHER 13. NAME Michael Wötter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Kocher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maplewood

17. INFORMANT Walter Wötter (ADDRESS) 7237 Bruno Maplewood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE 12-14 1935

19. UNDERTAKER JAY B. SMITH FUNERAL HOME (ADDRESS) 7526 Manchester Ave Maplewood Mo

20. FILED Jan 10, 1936 Paula Breitenstein Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Wed Dec 11 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935 to Dec 11, 1935  
 I last saw him alive on Dec 11, 1935. Death is said to have occurred on the date stated above, at 4:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Dec 9, 1935  
LOW  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) V. B. Costy, M. D.  
 (Address) 7347<sup>th</sup> Manchester Ave Maplewood, 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.

1935

