

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

1108
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **St. Anthony Hospital** Registered No. **964**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Father William Kotte 300**

(a) Residence, No. St. **NR** **Weingarten, Mo., Missouri**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 9th, 1875**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	16	16	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Catholic Priest**

9. Industry or business in which work was done, as 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) **St. Louis, Missouri**

13. NAME **Henry Kotte**

14. BIRTHPLACE (CITY OR TOWN) **Germany**

15. MAIDEN NAME **Teokla Stevens**

16. BIRTHPLACE (CITY OR TOWN) **Germany**

17. INFORMANT **Mary Kotte**
 (ADDRESS) **Weingarten, Missouri**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Weingarten, Mo.** DATE **January 28, 1938**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **JAN 26 1938**
J. K. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 25, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Nov 7 - 1937** to **Jan 25 - 1938**
 I last saw him alive on **January 24, 1938** Death is said to have occurred on the date stated above, at **6:15 A.M.**
 The principal cause of death and related causes of importance were as follows:
Consumption of mephoquin
Syphilitic type
H6
W

Other contributory causes of importance:

Name of operation **Infected rodent teeth** Date of **Nov 14-37**
 What test confirmed diagnosis? **Quered** Was there an autopsy? **Yes**

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 **Martin J. Klotz**, M. D.
 (Signed) **506 Blair St**
 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)