DEC 15 1938

REC'D JAN 6 1939

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

44526
Do not use this space.

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.

1. PLACE OF DEATH
(a) County: ST LOUIS
(b) Township:
(c) City: Wellston
Registration District No.: 784
Primary Registration District No.: 700
Registered No.: 2046
(d) Street No.: 1255 SUTTER St.
(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.
225

2. PRINT FULL NAME: MARY KOTZENBERG (SCHULTE)
(a) Residence, No.: 1255 Sutter St.
(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: FEMALE
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: FRED KOTZENBERG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT 13 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	3	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
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) (STATE OR COUNTRY): ST CHARLES CO MO

FATHER
13. NAME: WM. SCHULTE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? G

MOTHER
15. MAIDEN NAME: CHARLOTTE Widdi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? G

17. INFORMANT (ADDRESS): ARNOLD KOTZENBERG 1255 SUTTER

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Lebanon cem. DATE: Dec 16 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS): BAUMAN BROS OVERLAND MO

20. FILED: DEC 15 1938 J. C. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-13 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to Dec 13, 1938
I last saw her alive on Dec. 12, 1938. Death is said to have occurred on the date stated above, at 4.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocarditis	do not know
48	
Other contributory causes of importance:	
Carcinoma of uterus	do not know

Name of operation: none Date of: —
What test confirmed diagnosis? Clinical 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? —
If so, specify —

(Signed) D. F. Potter M. D.
(Address) 2548 Woodson Road

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Earl F. Hellman, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Earl F. Hellman

Licensed Embalmer No. 3501

P. O. Address Overland Mo.

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.)

If this body is not embalmed, above space should be left blank.