DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27233

Registration District No. 791 Primary Registration District No. Registrar's No. 6733

1. PLACE OF DEATH: 1003 REC'D SEP 14 1939

(a) County

(b) City or town St, Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4039 Giles Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St, Louis, Mo. 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4039 Giles Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 3-53 Bernard J. Kotte

3. (b) If veteran, name war No.

3. (c) Social Security No. 499-03-3950

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearle

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October 15, 1876
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business Decorating

FATHER
12. Name Bernard J. Kotte
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unkown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearle J Kotte
(b) Address 4039 Giles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/39 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Ciopewa St.

19. (a) AUG 1 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1939 hour 9 minute 3 P. M.

21. I hereby certify that I attended the deceased from January 10, 1939, to July 26, 1939; that I last saw him alive on July 26, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions Ch Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. O'Connell M.D. (M. D. or other)
Address 4102 S Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3528 Russell Pl

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.