No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940
Registration District No. 701

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41969
Registrar's No. 11092

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

1. PLACE OF DEATH: 1003 2

(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:
5978 Wanda
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo (b) County
(c) City or town St. Louis, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5879 Wanda
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME August Fred Lottmann 355

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora E.
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 26, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3		hr. min.

9. Birthplace Stanton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Self

FATHER
12. Name Henry Lottmann
13. Birthplace Jeffersburg, (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Carolina Kaasa
15. Birthplace Jeffersburg (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lester H. Lottmann
(b) Address 5879 Wanda

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-28-39 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director C. Hoffmeister M & Co.
(b) Address 7814 S. Broadway

19. (a) DEC 27 1939 (Date received local registrar) (b) J. F. Bischoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1939 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 26-2am 1939, to Dec 26 5 30 PM, 1939;
that I last saw him alive on December 26, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ventricular Fibrillation	1 hr
Due to Tricuspid Insufficiency	2 wks
Due to Acute Gastritis	15 hours
cause unknown	
Other conditions no plomaine poisoning (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 W. B. Burgess M.D. (M. D. or other)
Address 3952 Louisiana Date signed 12/27/39

(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, or by.....

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

working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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

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