

No. 2
1-4-41
-17-39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19911**

FILLED JUL 21 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4723**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town
(c) Name of hospital or institution: **Mo. Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **SOLO**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5658 Hebert St.**
(If rural, give location)
(e) Citizen of foreign country? **C** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Earl F. Kottkamp**
3. (b) If veteran, name war _____
3. (c) Social Security No. **492-01-3084**

20. DATE OF DEATH: Month **June** day **5**
year **1941** hour **4** minute **30 P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Helen Kottkamp**
6. (c) Age of husband or wife if alive **34** years
7. Birth date of deceased **Febr. 20 1905**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **26** **1941** to **June 5** **1941**;
that I last saw him alive on **June 5** **1941**;
and that death occurred on the date and hour stated above.

8. AGE: Years **36** Months **3** Days **15**
If less than one day _____ hr. _____ min.

Immediate cause of death **Right lobe pneumonia with empyema** Duration **10 days**

9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation **Auto Mechanic**

Other conditions **auter myocarditis** 1 day
(Include pregnancy within 3 months of death)

11. Industry or business **Community Motor Co.**

Major findings: Of operations _____

12. Name **John H. Kottkamp**

Of autopsy **pneumonia, empyema cardiac dilatation**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lulu Sculley**

15. Birthplace **Kimmundie** **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Kottkamp**

(b) Address **5658 Hebert St.**

17. (a) **Burial** (b) Date thereof **6-9-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cem. Drehmann-Harral**

18. (a) Signature of funeral director _____

(b) Address **1905 Union Blvd.**

19. (a) **JUN 6 1941** (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **F. F. Bergeron** (M. D. or other) **M.D.**

Address **2220 Washington** Date signed **6/6/41**

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

5601 ~~Ref~~ Jones Ave
12-1
Reinvented Body 9-10

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 Warren A. Carve
Licensed Embalmer No. 3534
P. O. Address.....

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, fact should be so stated above.