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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23921

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6263

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
In this community 66 yrs
years, months or days

3. (a) PRINT FULL NAME Hattie Lottmann

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov. 19 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 10
If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Stuermann 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Louise Keisker

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Meyers-daughter

(b) Address 2233a Hebert Str

17. (a) burial (b) Date thereof Aug. 1st '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker's Cemetery
Henry Leidner Und. Co.

18. (a) Signature of funeral director _____

(b) Address 2223 St. Louis Ave.

19. (a) JUL 30 1941 (b) J. T. Medeck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2303 Sullivan Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 10 minute 1 M.

21. I hereby certify that I attended the deceased from June 12, 1941, to July 29, 1941,
that I last saw h. in alive on July 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia.
Cardio renal disease
Diabetes mellitus
Ch. nephritis

Due to _____

Due to _____

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: 10
Of operations 61

Of autopsy 10

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Arthur S. ... (M. D. or other) Alv. C.
Address 212 ... Date signed 7/29/41

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 John P. Buchholz
Licensed Embalmer No. 16704
P. O. Address 7773 Sojourner Rd

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.