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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32967

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7919

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

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17
9

1. PLACE OF DEATH:

(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: Park Lane Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether

In this community 1 year 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 11 19 (If outside city or town limits, write "RURAL")

(d) Street No. 4271 Maffitt Ave 9 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Helen Kottkamp

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 Married

6. (b) Name of husband or wife William Kottkamp

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 4 (Day) 1886 (Year)

8. AGE: Years 55 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gustav Meyer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Pohl
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Gustav Brinkmann

(b) Address 4271 Maffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) 10-3-41 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1 year 1941 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from 8-25-41, 19..., to 10-1-41, 19...; that I last saw her alive on 10-1-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic myocarditis due to old toxic goiter.

Due to

Other conditions (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 0

23. Signature [signature] (M. or other) M.D.

Address 4930 Lindell, St. Louis Date signed 10-2

(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 Dale Harness, Registered Apprentice No. 293, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3737 L

P. O. Address 1986 [illegible]

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.