S. No. 2
I—4-13-40
V. 5-17-39
I X23159

000
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 221

Registrar's No. 803

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 3549 Halliday Ave. 1
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

000
17
9

(a) State Missouri. (b) County 16

(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3549 Halliday Ave. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha A. Dotzman,

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female 1

5. Color or race White 2

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

6. (b) Name of husband or wife John J. Dotzman

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

7. Birth date of deceased October (Month) 15th. (Day) 1864. (Year)

8. AGE: Years 77 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Illinois. 1 (State or foreign country)

10. Usual occupation House-Wife.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Jacob Elsperman 1
(b) Address 722 Chestnut Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1942. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Siegenfuss Bros.
(b) Address 6409 Gravois Ave.

19. (a) JAN 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th, year 1942. hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from January 15th 1941 to January 24th 1942 that I last saw her alive on January 24th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Emphysemia (not tuberculosis).	1 week
Due to Chronic Bronchitis. (not tuberculosis).	1 year.
Due to Arterio Sclerosis	5 years.
Other conditions (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 Albert Beisbarth (M. D. or other) MD
Address 3548 S. Grand Bl. Date signed 1/26/42

(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. V E Morris

Licensed Embalmer No. 3360

P. O. Address. 6409 Gravois

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.