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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **6835**

FILED AUG 25 1942
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days
(Specify whether years, months or days) 58 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4128 Lea Place (If rural, give location) 2/10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Kottkamp
3. (b) If veteran, name war..... 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 11,
year 1942 hour 10:12 minute P. M.
21. I hereby certify that I attended the deceased from July 27,
1942 to August 11, 1942;
that I last saw him alive on August 11, 1942;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Helen Meyer Kottkamp 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 2 1978
(Month) (Day) (Year)

Immediate cause of death
Nephrotic syndrome & uremia
Due to 1st a uremia
Due to 1st a uremia
Other conditions present by peritomy.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
63 8 20 ..hr. ..min.

Major findings:
Of operations.....
Of autopsy as above
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Black Jack Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Paper Hanger and Decorator

11. Industry or business.....
12. Name William F Kottkamp
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Bueker
15. Birthplace Gasconade County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Katherine Kottkamp
(b) Address 4128 Lea Place
17. (a) Burial (b) Date thereof 8 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

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?.....

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St. Louis Ave
19. (a) AUG 14 1942 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (Means of injury) D
23. Signature J. O. Miles (M. D. or P.D.) 8/12/42
Address 1515 Lafayette Ave. Date signed.....

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.....

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis*

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.