

FILED NOV 6 1942  
184

Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 2082

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:  
8928 Mayfield Court.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.

(c) City or town Jennings.  
(If outside city or town limits, write "RURAL")

(d) Street No. 8928 Mayfield Court.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Kottmann

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Late Charlotte Kottmann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 18 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>11</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Retired.

11. Industry or business \_\_\_\_\_

12. Name Unknown.

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

14. Maiden name Unknown.

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

16. (a) Informant Mrs. J. E. Hilf

(b) Address 8928 Mayfield Court.

17. (a) Burial (b) Date thereof 10-8-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT - 7 1942 (b) C. H. McHenry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
year 1942 hour 9:45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 19,  
1942 to Oct. 6, 1942  
that I last saw him alive on Oct. 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 1 yr.  
General arteriosclerosis 10 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 4/4

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Arthur Suddess (M. D. or other) M.D.  
Address 2202 University St. Date signed 10/7/42

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

46  
0  
0

MOTHER FATHER

707

**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 *Homer L. Ponder*.....

Licensed Embalmer No. *3367*.....

P. O. Address. *2223 St Louis ave*.....

**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.**

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