

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **12449**
Registrar's No. **3880**

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

FILED MAY 3 1943 18
Registration District No. _____

Primary Registration District No. _____

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:
3155a Chippewa St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 40 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (County _____)
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 3155a Chippewa
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Caroline Lott

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

7. Birth date of deceased September 12, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name M. Fred Heinsohn
13. Birthplace Hanover, Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Christina Schmidt
15. Birthplace Prussia, Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Philip Vaughn

(b) Address 3155a Chippewa

17. (a) Burial (b) Date thereof Apr. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) APR 27 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1943 hour 2 minute 22 P. M.

21. I hereby certify that I attended the deceased from 12-5-1942 to 4-24-1943
that I last saw her alive on 4-24-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 2 days

Due to _____
Due to _____

Other conditions Bronchiectasis (uul.)
(Include pregnancy within 3 months of death)

Major findings: Senility
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: _____
23. Signature Frank R. Bailey (M. D. or other) md.
Address 2602 So Grand Date signed 4-26-43

Mr. Frank Bailey
2602 So. Grand
PR 5172 - office
RE 6047 - Res
12-3 - Mon

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 Thos W. Beidemann

Licensed Embalmer No. 506

P. O. Address.....

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.