V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1945

State File No. 22175

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6264

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital, O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4977 Mardell ave., 14
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Edward Kotterman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) - 17 (Day) - 1945 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Rudolph A. Kotterman.
13. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Bernice Lowe
15. Birthplace O (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Rudolph A. Kotterman
(b) Address 4977 Mardell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) - 19 (Day) - 45 (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUL 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1945 hour 4:00 PM minute M.

21. I hereby certify that I attended the deceased from July 17 1945, 19, to July 19, 1945 that I last saw him alive on July 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Prematurity - 6 mos gestation

Due to unknown

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 O

23. Signature Matthew W. Weis (M. D. or other) MD

Address 63 + No Grand Date signed 7/20/45

(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 Not Embalmed

Licensed Embalmer No.....

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.