V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43262

FILED DEC 22 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 14277

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 3669 Flad Avenue.,
(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:
(a) State Missouri (b) County 79
(c) City or town Altonburg
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Lottes
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gabriel Lottes
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 25 (Day) 1857 (Year)

8. AGE: Years 89 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Appleton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Casper Ludwig
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Catherine Schriner
15. Birthplace Appleton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Rose Frentzel
(b) Address 3669 Flad Avenue.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Altonburg, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) DEC 9 - 1947 (Date received local registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 8 year 1947 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from Sept 8th, 1947 to December 8th 1947 that I last saw h. alive on December 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 (M. D. or other)
Address 2278 S. Jefferson Date signed 12-8-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 John S. Dennehy

Licensed Embalmer No. 4194 F

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.