FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21047

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6051

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

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

(c) Name of hospital or institution: De Paul 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 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5721 Etzel Ave. 9
(If rural, give location)

5

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Catherine Kotthoff

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Charles Kotthoff

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

7. Birth date of deceased July (Month) 8 (Day) 1908 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	11	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Catherine Kent
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O

16. (a) Informant Chas. Kotthoff
(b) Address 5721 Etzel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Quinn
(b) Address 1339 Union Blvd.

19. (a) JUL 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from Oct. 20, 1945 to 7-6, 1948
that I last saw him alive on 7/5/48, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease Cerebral Emboli

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 95

Major findings:
Of operations

Of autopsy

Duration

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 L. Hayden O (M. D. or other) M.D.

Address 5899 Delmar Date signed 7/7/48

Jefferson City Printing Co. (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 J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.