

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14696  
State File No. \_\_\_\_\_

FILED APR 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3356

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis, Missouri.</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2701 South 13th, Street.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis, 2239</u>	
		d. STREET ADDRESS (If rural, give location) <u>2701 South 13th, Street. 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>--</u> c. (Last) <u>Schlottmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April - 8, 1951.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 25, 1864.</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Yes.</u>
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13a. FATHER'S NAME <u>Henry Pockoe</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Cairns</u>	14. NAME OF HUSBAND OR WIFE <u>Charles F. Schlottmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred J. Murray</u>	ADDRESS <u>2701 So. 13th, St.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>7 yrs</u> <u>10 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Arteriosclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>3-31X</u>
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22. I hereby certify that I attended the deceased from March 14, 1947, to April 8, 1951, that I last saw the deceased alive on April 7, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. P. Kain M.D.</u>	23b. ADDRESS <u>2730 McNAIR AVE</u>	23c. DATE SIGNED <u>April 9, 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>4947 W. Florissant Ave. Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 10 1951</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Luster</u>	ADDRESS <u>Reginheim Bldg. 6409 Gravois Ave.</u>
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Hours 10 TO 2:00 P.M.  
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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*John M. Seymour*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St. Louis Mo.*

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.