

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39347**

FILED DEC 8 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10615**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DeLooness Hosp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. STREET ADDRESS (If rural, give location) <b>4363 Bonovan</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET T</b> b. (Middle) <b>LOTTERER</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 28, 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b>	8. DATE OF BIRTH <b>July 29 1870</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <b>82-81</b>	10. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WORK</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>Byrnsville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Thomas Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET DUNNINGAN PEREASET</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARGARET LOTTERER 4363 Bonovan</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as suffocation, asphyxiation, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b> <b>10 yrs</b> <b>10 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>		
	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"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331X</b>

22. I hereby certify that I attended the deceased from **Jan 1951**, to **28-Nov**, 1951, that I last saw the deceased alive on **27-Nov**, 1951, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** 23b. ADDRESS **4501 Manchester** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **NOV. 30, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cem** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **NOV 29 1951** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **M.J. Coogan 714 Manchester**

(Licensed Embalmer's Statement on Reverse Side)

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

*Full gift  
Foster & Mauchester  
4501*

**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 \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *W E Morris* .....

Licensed Embalmer No. *3360*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 39347  
Local Registrar's No. 10615

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of <sup>birth</sup> death for Margaret T. Lotterer, died 11-28-1951, ~~born~~, 19\_\_\_\_, in the State of Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read 7-29-1870

Instead of \_\_\_\_\_ 1869

Item No. 89 should read 81

Instead of \_\_\_\_\_ 82

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Margaret Marie Lotterer Inf.  
Relationship. \_\_\_\_\_  
4363 Donovan  
Present Address.

Subscribed and sworn to before me this 13 day of Dec., 1951

My Commission expires 3-4-53 \_\_\_\_\_ Notary Public.