

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36911**

FILED NOV 9-1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u> <u>0923</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>325 N. Kingshighway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>325 N. Kingshighway</u>			

3. NAME OF DECEASED (Type or Print) <u>August H</u>	a. (First) <u>H.</u>	b. (Middle) <u>Kottmann</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 17, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>inside finisher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>A.C.F. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William H. Kottmann</u>	13b. MOTHER'S MAIDEN NAME <u>Marie H. Iborg</u>	14. NAME OF HUSBAND OR WIFE <u>Julia (Nee Holtgriewe)</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>494-01-4367</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis J. Kottmann, St. Charles, Mo</u>	ADDRESS <u>St. Charles, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen Arterio sclerosis 10 yrs</u>		
	DUE TO (c)		
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 checked="" 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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from 10 to 19, that I last saw the deceased alive on 19 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (In green ink) <u>St. Charles Health Officer</u>	23b. ADDRESS <u>St Charles, Mo</u>	23c. DATE SIGNED <u>Nov 6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 6 1953</u>	REGISTRAR'S SIGNATURE <u>Francis J. Kottmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. D. Allmeyer</u>	ADDRESS <u>St Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 7 1959
VS
MAY 14 1959

NOV 12 1959

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 *Frank R. Amalson*

Licensed Embalmer No. *48320*

P. O. Address *St Charles*

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.