

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10998

State File No.

318

1003

Registrar's No. 2366

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY				a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township)				Missouri		St. Louis			
c. LENGTH OF STAY (in this place)				c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
St. Louis				Affton					
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)					
St. Anthony's Hospital				9113 Arvin Place					
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE			
a. (First)		(Month) (Day) (Year)		Female		White			
CYNTHIA		3-6-1956		KOTTEMANN					
b. (Middle)				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH			
				Single		4-22-1954			
c. (Last)				9. AGE (In years last birthday)		9. AGE (In years last birthday)			
				1 Year		1 Year			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY					
Nil									
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME			
Missouri		U.S.A		Donald Kottemann		Jackie Koehrer			
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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
*****		No		None		Donald Kottemann			
						9113 Arvin Place			
18. CAUSE OF DEATH				19. MAJOR FINDINGS OF OPERATION					
Enter only one cause per line for (a), (b), and (c)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				21a. ACCIDENT SUICIDE HOMICIDE (Specify)					
ENCEPHALITIS				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					
ANTECEDENT CAUSES				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				ST. LOUIS MO.					
DUE TO (b)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)					
DUE TO (c)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
II. OTHER SIGNIFICANT CONDITIONS				21f. HOW DID INJURY OCCUR?					
Conditions contributing to the death but not related to the disease or condition causing death.									
22. I hereby certify that I attended the deceased from 3/19, 1956, to 3/6, 1956, that I last saw the deceased alive on 3/5, 1956, and that death occurred at 10:30 A.M. from the causes and on the date stated above.				23a. SIGNATURE (Degree or title)				23b. ADDRESS	
Frederick K. Sargent MD				ST. LOUIS, MO		23c. DATE SIGNED			
6430 HAMPTON				3/7/56					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Removal		3-8-1956		Sunset Burial Park		St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. MAR 7 1956		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
		J. Carl Smith MD		Biegenheim Bros		6409 Gravois Ave.			
		mgs.		(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Van M. Ligon*

Licensed Embalmer No..... *4*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.