

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26278**
Registrar's No. **6467**

318

1003

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|--|--|---|------------|--|-------------|---|------------------------|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | | | b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 01 Lutheran Convalescent Home | | | | e. STREET ADDRESS (If rural, give location) 2151 4359 Taft Ave | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) ANNA | | | a. (First) | | b. (Middle) | | c. (Last) Kottmeyer | | 4. DATE OF DEATH (Month) (Day) (Year) 7-9-1957 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH 4-14-1875 | | 9. AGE (In years Last birthday) 82 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Charles Kottmeyer | | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | | 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) No | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Lutz 5423 S. Broadway | | | | | |
| 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>General Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mycocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 422.1 | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from July 7, 1957, to July 9, 1957, that I last saw the deceased alive on July 7, 1957, and that death occurred at 3:30 p.m. from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE Dr. Carl Smith | | | | | | 23b. ADDRESS 4209 Bates St. Mo. | | | 23c. DATE SIGNED July 10, 1957 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-22-1957 | | 24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery | | | | 24d. LOCATION (City, town, or county) (State) 4209 Bates St. Mo. | | | |
| DATE REC'D BY LOCAL REG. JUL 11 57 | | REGISTRAR'S SIGNATURE Carl Smith | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Bejenheim Bros. 6409 Gravois Ave | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rohlfing HU 1-1456

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..... *Lawrence M. Sigerson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.