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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34438
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2214

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8606 Rosalie — Length of stay in 1b 4 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood 4511 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 8606 Rosalie Ave. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First BERNICE Middle Last KOTTMEIER
4. DATE OF DEATH Month Sept Day 4 Year 1957
5. SEX female
6. COLOR OR RACE white
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH April 25, 1911
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 Home
11. BIRTHPLACE (City and state or country) Orlando, California
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel A. Barton
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. unk.
17. INFORMANT Address E. C. Kottmeier, 8606 Rosalie Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Addisons disease — INTERVAL BETWEEN ONSET AND DEATH 11 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 274X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART I(a)
Gastro-enteritis acute (3 days duration)
19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 4, 1946, to Sept 4, 1957 and last saw her ~~him~~ alive on Sept 3, 1957
Death occurred at 12:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C H Bockelman (Degree or title) M.D.
22b. ADDRESS 2615 Brentwood Blvd
22c. DATE SIGNED Sept 4 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9-6-57
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR C.R. Lupton and Sons ADDRESS 7233 Delmar
25. DATE RECD. BY LOCAL REG. 9-5-57
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD asc

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 38

P. O. Address St. Lou

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.