S. No. 2
M—5-42
v. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35634

State File No. 9704

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 19 79

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4615 Korte Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Lotterer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Wid.

6. (b) Name of husband or wife Jane Lotterer

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased July (Month) 21st. (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	28	hr. min.

9. Birthplace Catawissa, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Groceryman

11. Industry or business

FATHER
12. Name Ben Lotterer
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) " (State or foreign country) 9

16. (a) Informant Joseph Lotterer
(b) Address 4615 Korte Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) NOV 21 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th. year 1942 hour 5.40 minute P. M.

21. I hereby certify that I attended the deceased from June 24 1942 to Nov 19 1942 that I last saw him 1m alive on Nov 18 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Oesophagus (Metastasis)	6 months
Due to	
Due to	
Other conditions. (Include pregnancy within 3 months of death) Abscess Brain	3 months

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W Sansbury (M. D.)
Address 3256 Lafayette Date signed 11-21-42

(Licensed Embalmer's Statement on Reverse Side)

W. J. Salisbury
3528 Hayes
9-12

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.