No. 2
-2-43
17-39
X35597

8986

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2612

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

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: 6301 Ouida Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 78 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6301 Ouida Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bernard Gottemeier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Caroline Gottemeier nee Koch

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

7. Birth date of deceased January 2, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Retired

11. Industry or business Tallow Business

FATHER
12. Name Henry Gottemeier 4
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs J.G. Linsin
(b) Address 6301 Ouida Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 19 1944 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1944 hour 8:10 AM minute ___ M.

21. I hereby certify that I attended the deceased from Nov 1st, 1944, to 18th Mar, 1944
that I last saw him alive on 3/18/, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	1 yr
Due to above	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 [signature] (M. D. or other) 3/18/44
Address 4901 N. [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William G Buchho

Licensed Embalmer No. 2110 C

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.