

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14202

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. St. Anthony's Hospital)

File No.....  
 Registered No. 3536  
 St. .... Ward)

**2. FULL NAME** Annie Mary Ott.

(a) Residence. No. 5420 Gertrude. St. 7 Ward.....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Ott.</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 5, 1879</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>51</u>	<u>2</u>	<u>1</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....				

9. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY) Missouri.

PARENTS	10. NAME OF FATHER <u>Fred Diecker</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Europe</u>
	12. MAIDEN NAME OF MOTHER <u>May Mueser.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Europe</u>

14. INFORMANT Michael Ott  
 (Address) 5420 Gertrude

15. FILED Jan C. Starnitz  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1930, to April 6, 1930 that I last saw h. or alive on April 4, 1930, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Liver  
49416  
49131  
 (duration) - yrs. 6 mos. - ds.  
 CONTRIBUTORY Chronic Glomerular nephritis  
 (SECONDARY) (duration) - yrs. 3 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? No DATE OF April 1, 1930  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Arthur Bengtson, M. D.  
Apr 8, 1930 (Address) 4662 Gravois

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
St. Peter and Paul Apr. 9, 1930  
 20. UNDERTAKER ADDRESS 6320 S. Grand.  
Southern

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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