JUN 27 1930

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

*Do not use this space.

17317

1. PLACE OF DEATH

County St Louis — Registration District No. 1170 — File No.

Township — Primary Registration District No. 62488 — Registered No. 113

City Richmond Hts, Mo (No. St. Mary's Hospital St. Ward)

2. FULL NAME Raymond Ott

(a) Residence. No. 4511a Red Bud St., Ward. St Louis, Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-25-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	31	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Anthony Ott
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Magdelena Herdleman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Anthony Ott
(Address) 4511 Red Bud

15. FILED 5/12, 1930 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1930

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1930, to May 9, 1930, that I last saw him alive on May 9, 1930, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
131 Apoplexy
82A
132B (duration) yrs. mos. 22 ds.

CONTRIBUTORY (SECONDARY) Chr. Par. Nephritis (duration) yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO. DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) Arthur A. de Masy, M. D.
5/9, 1930 (Address) 4046 N. Grand Ave.

*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
Calvary	5/13 1930
20. UNDERTAKER	**ADDRESS**
H. A. Stock and Co	2117 E. Grand

N. 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.