

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

Do not use this space.

27780

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Florissant Mo. (No. St. Stanislaus Sgr.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Rev. John V. Otten, S.J.
 (a) Residence. No. Florissant, Mo. O. St. Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 71 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jesuit Priest
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Joseph Otten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maria Adelheid

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Rev. Roney, S.J.
 (Address) Florissant, Mo.

15. FILED 9/11, 1930 Dr. Carl J. Root
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to Aug 28, 1930
 that I last saw him alive on May 28, 1930 and that death occurred, on the date stated above, at 8:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitis
59 (duration) 16 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 57
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. J. Willmann, M. D.

8-29, 1930 (Address) Florissant, Mo.

*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 Florissant, Mo. DATE OF BURIAL Aug. 30, 1930

20. UNDERTAKER Jos. W. Clark ADDRESS 1125 Godiamont

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.

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

1930

