

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

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.

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

Do not use this space.

NOV 8 1930

33982

1. PLACE OF DEATH

County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City Florissant, Mo. No. Florissant, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry Otten  
(a) Residence. No. Florissant, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 = 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 3 19

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

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

10. NAME OF FATHER Joseph Otten

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Ben Otten  
(Address) Florissant Mo.

15. FILED 11-8-1930 D. C. Kautz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from SEP 1 1930, to Oct 27 1930, that I last saw him alive on Oct 27, 1930, and that death occurred, on the date stated above, at 10.00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
18 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DEATH CONTACTED? 11210

IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. J. Millmann, M. D.  
10/28, 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 Oct 30, 1930

20. UNDERTAKER Gas. W. Clark ADDRESS 1125  
Hodiamont Ave.

202. [unclear]