

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

Do not use this space.

25426

**1. PLACE OF DEATH**

County Jefferson Registration District No. 420  
 Township Valley Primary Registration District No. 5574  
 City Hebato (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 66

**2. FULL NAME** Henry F. Ottensmeyer

(a) Residence, No. 5th Clark St. St. \_\_\_\_\_ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscape Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 mo. 11. Total time (years) spent in this occupation 20

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

13. NAME Henry F. Ottensmeyer

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

15. MAIDEN NAME Hortmeyer

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

17. INFORMANT Mrs. Lena Ottensmeyer (ADDRESS) Desoto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Sub. Burial DATE Aug 1 1931

19. UNDERTAKER random - fraternal (ADDRESS) Desoto Mo.

20. FILED Aug 1st 1931 H. L. Ruppel Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-23 1931, to 7-30 1931

I last saw him alive on 7-30 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Endocarditis and Myocarditis chronic  
92 B  
93 C  
102  
 Other contributory causes of importance:

Essential Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Chas E. Fallick M. D.  
 (Signed) Desoto Mo.  
 (Address) \_\_\_\_\_

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.

AUG 26, 1931

