WHITE PLANET, 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.

6350

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1382

City St. Louis, Mo. (No. City Hospital St. ..... Ward)

2. FULL NAME William Otto

(a) Residence, No. 807 Bates Street St., 15 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Carrie Otto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 27, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	2	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 184

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 1

FATHER

13. NAME Franz Otto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Marie (Unknown)

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

17. INFORMANT (ADDRESS) Carrie Otto 807 Bates Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Feb. 13th, 1932

19. UNDERTAKER (ADDRESS) Wick Bros 2201 S. Grand Blvd.

20. FILED FEB 11 1932 19 Max C Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931, to Feb. 10, 1932

I last saw him alive on Jan. 25, 1932 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

94B

94A Angina Pectoris, Aug '31

Coronary Sclerosis.

Date of onset

Other contributory causes of importance: 94C

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none 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 ✓ ✓ (1)

Nature of injury .....

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

If so, specify ✓

(Signed) Geo. W. Bader, M. D.

(Address) 5836 E. Virginia

5832 E. Virginia
2-4 P.M.