

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

Do not use this space.

17759

1. PLACE OF DEATH

County.....
Township.....
City..... (No.....) Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 4713
St..... Ward.....

2. FULL NAME

(a) Residence, No. 2221 Dodier St., 20 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irma
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
31 1 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 55
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).....
11. Total time (years) spent in this occupation.....

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

13. NAME Otto Lotier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Florence Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Irma Lotier 2221 Dodier St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miedens Date May 14 1932

19. UNDERTAKER (ADDRESS) Herman Leideny 21 B 1417 E. Michigan St.

20. FILED Y 21 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to May 11 1932

I last saw him alive on May 11 1932. Death is said to have occurred on the date stated above, at 3:30 Am.

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

Pulmonary Tuberculosis Date of onset

23A

Other contributory causes of importance:

8. Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) Charles Hamel M. D.

(Address) 2701 N. 14th St

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.

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