

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

Do not use this space.

3537

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 17  
 City St. Louis (Ne St. Louis City North # 1471 Ward)

**2. FULL NAME**

Sybrester Ott  
 (a) Residence, No. 1842 20thman St., 23 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 54 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<br><u>male</u>  | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                   |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1880</u>                                      |                                  |  |
| 7. AGE   | YEARS                            | MONTHS   |
| <u>about 54</u>  | <u>Unknown</u>                   |  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.    |                                  | 11. Total time (years) spent in this occupation                            |
| <u>Brof. Master</u>  |                                  |  |
| 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)                              |                                  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>                           |                                  |  |
| 13. NAME <u>Frank Ott</u>  |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>                                |                                  |  |
| 15. MAIDEN NAME <u>Mary Liman</u>  |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>                                |                                  |  |
| 17. INFORMANT <u>Frank Ott</u><br>(ADDRESS) <u>1842 20thman</u>                                |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter &amp; Paul</u> DATE <u>Jan. 14 - 1933</u> |                                  |  |
| 19. UNDERTAKER <u>Wm. C. Maybell</u><br>(ADDRESS) <u>1826</u>                                  |                                  |  |
| 20. FILED <u>Jan 13 1933</u> <u>Wm. C. Maybell</u> Registrar.                                  |                                  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 1933.

I last saw h..... alive on..... 1933. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Other contributory causes of importance:  
93C

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) J. W. Lerner, M. D.  
 (Address) Dep. Comm.

1/13/33

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.

