

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

Do not use this space.

38128

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1007  
No. Alexian Hosp.

File No.....  
Registered No. 9761  
St. .... Ward)

**2. FULL NAME**

Theodore Ott

(a) Residence, No. 1013 Morrison Ave., St. 22 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6th. 1856</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Plumbing-shop</u>	
	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) Missouri

FATHER 13. NAME Joseph Ott.

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

MOTHER 15. MAIDEN NAME Not-known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not-known

17. INFORMANT (ADDRESS) Jos. T. Cott  
1013 Morrison Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Veter. Pauls DATE Nov. 14th, 35

19. UNDERTAKER (ADDRESS) J. Schumacher  
3013 Meramec Street

20. FILED NOV 13 1923 J. F. Baldeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 33 to Nov 11 33

I last saw him alive on Nov 11 1933 Death is said to have occurred on the date stated above, at 7 pm.

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

Ch. Myocarditis.  
Arteriosclerosis.  
93L  
97  
Other contributory causes of importance

Date of onset 11/31

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify.....  
(Signed) Alfred J. Baldeck, M. D.  
(Address).....

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.

1934

Alexian Bros