

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

Do not use this space.

41819

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1007**
 City **St. Louis** (No. **Alexian Bros Hospital**) St. _____ Ward _____

File No. _____
 Register No. **10861**

2. FULL NAME

(a) Residence, No. **5531 Louisiana Ave** St. **15** 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 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 Mary Ott		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1857		
7. AGE	YEARS 76	MONTHS 1
	DAYS 5	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired (10 yrs)	
	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 Mo		
FATHER	13. NAME John M Ott	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	15. MAIDEN NAME Unknown	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
	17. INFORMANT (ADDRESS) Mary Ott 5531 Louisiana Ave	
18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Dec 19 33		
19. UNDERTAKER (ADDRESS) Wacker-Heldler 2331 S Broadway		
20. FILED 14 1933 J. J. Baldeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 16 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 7 1933** to **Dec 16 1933**
 I last saw him alive on **Dec 16 1933** Death is said to have occurred on the date stated above, at **3:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
acute Progressive Senile Dementia Date of onset **Oct 1/33**
acute myocardial Exhaustion
 Other contributory causes of importance:
usual Was there an autopsy? **no**
 Name of operation _____ Date of _____
 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 _____
 (Signed) **Geo. P. Jennings**, M. D.
 (Address) **1027 S. Jefferson**

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.

JAN 26 1934

