

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

Do not use this space.

31059

**1. PLACE OF DEATH**

County..... SEP 13 1934 Registration District No. 791  
Township..... St. Louis Mo Primary Registration District No. 1003  
City..... St. Louis Mo (No. 3315 So. 7th St.) St. .... Ward.....

File No.....  
Registered No. 8227  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. 3315 So. 7th St. St. 24 Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Amelia Ott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 - 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
62      11      12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery Worker  
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) Germany

FATHER 13. NAME Adam B. Ott

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

MOTHER 15. MAIDEN NAME Catherina Furdok.

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

17. INFORMANT (ADDRESS) Amelia Ott  
3315 So. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Aug. 16 - 1934

19. UNDERTAKER (ADDRESS) Ziegenfuss Bros.  
2613 E. Cherokee St.

20. FILED Aug 15 1934 J. P. Breddeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h. in alive on July 14 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Causes of esophagus  
2 1/2 in  
1 1/2 in  
1 1/2 in  
Other contributory causes of importance.....

Name of operation gastrostomy Date of 1933  
What test confirmed diagnosis? P. Ray 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) J. P. Breddeck, M. D.  
(Address) St. Louis, Mo.

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.

