

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.

FEB 2 1 1935

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

Do not use this space.

3088

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
Luthern Hospital

File No.....
Registered No. 323
St. Ward)

2. FULL NAME

Margaretta Ottman

(a) Residence, No. 3111 Itaska Street St. 15 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th. 1867

7. AGE YEARS 67 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Jacob Ottman

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

15. MAIDEN NAME Eva Kern

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

17. INFORMANT Elizabeth Runners (ADDRESS) 3111 Itaska Street

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan. 10th. 1935

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

20. FILED JAN 10 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1934 to Jan 8 1935
I last saw her alive on Jan 8 1935. Death is said to have occurred on the date stated above, at 8 am m.

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

Pulmonary Emphysema
Emphysema of lungs
not tubercular
chronic bronchitis

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 Otto C. Hanover, M. D.
(Signed) Otto C. Hanover
(Address) 3157^a Park Ave

3156^o Vank

10 AM to 12 PM