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.

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

MAR 1 5 1935

Do not use this space.

7140

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1119 Ferry Str. St. ..... Ward)

File No. 1553

Registered No. .....

2. FULL NAME Henrietta Otterbach

(a) Residence, No. 1119 Ferry St., 9 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Otterbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1871

7. AGE: Years abt 63 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

FATHER

13. NAME John C. Mayer

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT John A. Otterbach
(ADDRESS) 1119 Ferry St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 2-16-35, 19

19. UNDERTAKER W. A. Stock and Co.
(ADDRESS) 2117 E. Jefferson Blvd

20. FILED FEB 15 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1935, to Feb 13, 1935

I last saw h... alive on Feb 13, 1935. Death is said to have occurred on the date stated above, at 1:30 p m.

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

	Date of onset
Broncho Pneumonia	1/13/35
Chronic Myocarditis	1/1/34

Other contributory causes of importance

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

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) William T. Hische, M. D.

(Address) 3500 N. Grand

2500 N. Chad. N-2 Hinsche
Polf. 8190