

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

Do not use this space.

10792

MAR 21 1935

791

1. PLACE OF DEATH

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

Registration District No.
Primary Registration District (No. 5386 Reber Pl)

File No.
Registered No. 2414
St. Ward

2. FULL NAME

(a) Residence, No. 5386 Reber Pl St. 13 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. mos. 7 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 Anna Ott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 77

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 - 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory
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 Frank Ott

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

MOTHER 15. MAIDEN NAME Mary Siman

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

17. INFORMANT (ADDRESS) Anna Ott Reber Pl 5386

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Mar 14 1935

19. UNDERTAKER (ADDRESS) Mrs. M. Mondelly 1924

20. FILED 13 1935 Jo. B. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1935, to March 10 1935
I last saw him alive on March 10 1935 Death is said to have occurred on the date stated above, at 9:25 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Arteriosclerotic Heart disease - congestive failure Jan 1935

Other contributory causes of importance
AI

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) Arnold Klein, M. D.
(Address) 4533 Grand St. St. Louis, Mo

(Klein)

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.

