SEP 19 1935

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

Do not use this space.

File No. 28325

Registered No. 312

**1. PLACE OF DEATH**

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

**2. FULL NAME** OTTO, Charles H.

(a) Residence, No. Minnehaha Beach St., Ward. Fenton, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie E. Otto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 16, 1867

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 68 | 6 | 15 | |

**OCCUPATION**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavai

12. BIRTHPLACE (CITY OR TOWN) Berlin
(STATE OR COUNTRY) Germany

**FATHER**

13. NAME Henry Otto

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

**MOTHER**

15. MAIDEN NAME Unavailable

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

17. INFORMANT W. C. Gibson, M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Sept. 4 1935

19. UNDERTAKER Louis H. Bopp
(ADDRESS) Kirkwood - Mo.

20. FILED Sept 3, 1935 L. Mowry
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to August 31, 1935

I last saw him alive on August 31, 1935 Death is said to have occurred on the date stated above, at 5:08 P.M.

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

| | Date of onset |
|---|---|
| ~~Exhaustion from~~ Carcinoma of the Stomach | 1932 |

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Physical examination, clinical manifestations and laboratory findings. 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) W. C. Gibson, M.D., Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., 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.