

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

Do not use this space.

*Will*  
JAN 19 1936

791  
1003

41808

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Mo. Baptist Hospital) St. .... Ward)

File No. ....  
Registered No. 11057

2. FULL NAME Ottillie Stark  
(a) Residence, No. 3838 Fairview St., 16 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 46 yrs. 10 mos. 15 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
46 10 15

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. at home  
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 Geo. Weisenburger  
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margaret Gartner  
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Andrew Stark (ADDRESS) 3838 Fairview

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New St. Marcus DATE Dec. 28 36

19. UNDERTAKER W. Schumacher (ADDRESS) 3013 Veramec

20. FILED DEC 28 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Dec 25 1935  
I last saw him alive on Dec 25 1935. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:  
Date of onset  
Ruptured 1176  
Subdural bleed  
General Peritonitis

Other contributory causes of importance:  
Second Ruptured  
Subdural bleed  
Name of operation Closure of ulcer Date of Dec 23 35  
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 .....  
(Signed) William J. H. M. D.  
(Address) 3803 Oshtway

E. F. [unclear]

June 1878