

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.

WHITE PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 13 1935

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

Do not use this space.

41826

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City *St. Louis* (No. *4651*, *Michigan Ave*) St. Ward)

File No.....
Registered No. **11075**
St. Ward)

2. FULL NAME *Louis Otte*

(a) Residence, No. *4651 Michigan 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 *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 *Wilhelmina Otte*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 5, 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Elevator Operator*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Diesel Engine Co.*

10. Date deceased last worked at this occupation (month and year) *1930* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kennedy Ill.*

13. NAME *John Otte*

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

15. MAIDEN NAME *Winkler*

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

17. INFORMANT (ADDRESS) *Wilhelmina Otte 4651 Michigan Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marcus* DATE *Dec. 30 1935*

19. UNDERTAKER (ADDRESS) *Siederwider Funeral Home Inc. 1936 St. Louis Ave.*

20. FILED *DEC 30 1935* 19 *J.P. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 27 1935*

22. I HEREBY CERTIFY, That I attended deceased from *August 7th 1935* to *Dec. 27th 1935*
I last saw him alive on *Dec. 26th 1935*. Death is said to have occurred on the date stated above, at *8:45 A.M.*

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

Chronic Myocardial Disease (Heart Block)
930
Date of onset *1930*

Other contributory causes of importance:
Arteriosclerosis
Chronic Bronchitis
1930
1930

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? *No.*
If so, specify
(Signed) *Dr. T.H. Hansen & C.E. Hindel*, M. D.
(Address) *3657 Grand St. Sg.*

