

JUL 14 1936

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

Do not use this space.

24929

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3013 California Ave.**, Ward)

File No.....
Registered No. **6585**
St. Ward)

2. FULL NAME **Pauline Maltitz-Ottens**

(a) Residence, No. **3013 California Ave.**, **24** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 **Julius Ottens**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 2, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 25

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

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

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

12. BIRTHPLACE (CITY OR TOWN) **Austria** (STATE OR COUNTRY)

MOTHER FATHER 13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Emil Maltitz** (ADDRESS) **903 Bellerive Blvd.,**

18. BURIAL, CREMATION, OR REMOVAL **New SS. Peter & Paul** 6-30-36

19. UNDERTAKER **Oscar J. Hoffmeister** (ADDRESS) **4016 Chippewa str.**

20. FILED **JUN 29 1936** **J. Bredeck** Registrar.

No physical in St. Louis
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 29, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **700 A.**

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

*Carcinoma of Bladder (Primary)
Cystic Degeneration of
Right Kidney
Metastatic*

Other contributory causes of importance: **53**

Name of operation..... Date of.....
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) **[Signature]** M. D.
(Address) **[Address]**

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.

