

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. St. Anthony's Hosp.)

File No. **21712**

Registered No. **5464**

St. 15 Ward

2. FULL NAME Lizzie Elbet Otto

(a) Residence, No. 4218 S. 38th St., 15 Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 4 6

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

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) (STATE OR COUNTRY) Belleville Ill.

13. NAME Unknown

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

15. MAIDEN NAME

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

17. INFORMANT Mrs. Sophia Shelbrink (ADDRESS) 4218 S 38th St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE June 2 1937

19. UNDERTAKER Oscar J. Hoffmeister (ADDRESS) 4016 Chippewa St

20. FILED JUN 2 1937 J. J. Bredsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 30, 1937.

I last saw h. alive on May 30, 1937. Death is said

to have occurred on the date stated above, at 5 P. m.

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

Indicated at autopsy due to multiple burrhead colon sigmoid chronic inflammation these unknown non malignancy

Other contributory causes of importance: Chronic Myocarditis mitral stenosis

Name of operation Autopsy Date of 5-24-37

What test confirmed diagnosis? Pathology 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 \_\_\_\_\_, 1937

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) Martin J. Sloner M. D.

(Address) 506 Olive St.

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.

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