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.

SEP 10 1937

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

Do not use this space.

29431

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 5228 Vernon Ave. St. ..... Ward)

File No. 8064

Registered No. .....

2. FULL NAME Frances Heald Ottofy

(a) Residence, No. 5228 Vernon Ave. St., 5 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
33	2	15	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 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) O'Dallon Mo.

FATHER

13. NAME Dr. L.M. Ottofy

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

MOTHER

15. MAIDEN NAME Frances Heald

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

17. INFORMANT (ADDRESS) Dr. L.M.Ottofy 5228 Vernon Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory DATE 8-28, 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED ....., 19 J F Bredeck Registrar.

AUG 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 5th, 1937, to 8-26-37, 19....

I last saw her alive on 8-26-37, 19.... Death is said to have occurred on the date stated above, at 1:40 P.M.

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

	Date of onset
Acute myocarditis caused by chr. myocarditis	8-12-37
Other contributory causes of importance: Bacillary Dysentery	7/20/37

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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) J. J. Ryan, M.D.

(Address) 3199 S. Grand Bl

J.J. Ryan

3199 A So. Grand at 11 A.M.