Freeman

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Charles 2 1
Township
City St Charles (No. 400 N. 4th St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No. 8004
Registered No. 26

2. FULL NAME Fred Ottomeier 352
(a) Residence, No. St Charles Mo St., 3 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~~ Mand Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1869

7. AGE: YEARS 68 | MONTHS 10 | DAYS 22 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A C & Fdy Co
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) St Paul, Mo 0

FATHER
13. NAME Ferdinand Ottomeier 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER
15. MAIDEN NAME Christina Westhoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Francis Ottomeier St Charles Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St Peters Cem DATE Feb 14-1938

19. UNDERTAKER (ADDRESS) H C Dallmeyer & Sons Co St Charles Mo

20. FILED 2/11, 1938 Clarence G. Wessler Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Feby 10, 1938
I last saw him alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Jan 14 1938 |
| 11 Or | |
| Other contributory causes of importance: Broncho-pneumonia | Jan 17 38 |

Name of operation none Date of none
What test confirmed diagnosis? History & Physical Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
(Signed) Will L Freeman, M. D.
679 (Address) St Charles Mo

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.

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