

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.

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

Do not use this space.

REC'D APR 11 1938

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1. PLACE OF DEATH

County.....  
Township.....  
City *St. Louis* (No.....)

Registration District No.....  
Primary Registration District No.....  
*3408 Juniata*

File No. *9412*  
Registered No. *3001*  
St. .... Ward)

2. FULL NAME

*Mrs. Caroline Otto* 300  
(a) Residence, No. *3408 Juniata* St., Ward. *16*  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *9* 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 *Henry Otto*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 28 1866*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*72 1 0*

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own*  
10. Date deceased last worked at this occupation (month and year) *Mar 14 38* 11. Total time (years) spent in this occupation *50*

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

FATHER  
13. NAME *Samuel Heer*

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

MOTHER  
15. MAIDEN NAME *Rosina Bahmann*

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

17. INFORMANT (ADDRESS) *Edmund Otto 8769 Olive St. Louis Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mascoutah Ill* DATE *Mar 29 1938*

19. UNDERTAKER (ADDRESS) *E. J. L. Moll Mascoutah, Ill.*

20. FILE *MAR 29 1938 J. P. Brueck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 28 1938*  
22. I HEREBY CERTIFY, That I attended deceased from *March 1st 1938* to *March 28 1938*  
I last saw h. *alive* on *March 28 1938*. Death is said to have occurred on the date stated above, at *11:20 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Phosue Intoxicatio Nephritis* 17a  
*5*  
Other contributory causes of importance:  
*Disrupted Throats* 2 1/2 p.

Name of operation *None* Date of .....  
What test confirmed diagnosis? *Widal test* 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) *A. Julius Otto*, M. D.  
(Address) *2603 Cherokee St.*

Good Black signed