

REC'D NOV 16 1938

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

34114  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City..... **St. Louis** (d) Street No. **4120 Holly Hills Bl.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**146 Ottelia Keppler**  
 (a) Residence, No. **4120 Holly Hills Bl.** St. **1**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>October 18 1938</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William Keppler</b>					22. I HEREBY CERTIFY, That I attended deceased from <b>Feb. 19 1938</b> to <b>Oct 18 1938</b>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mar. 17, 1868</b>					I last saw him alive on <b>Oct. 17 1938</b> Death is said to have occurred on the date stated above, at <b>3:00 A.M.</b>	
7. AGE YEARS <b>70</b>		MONTHS <b>7</b>	DAYS <b>1</b>	The principal cause of death and related causes of importance were as follows: <b>Chronic myocarditis 2 yrs</b>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			Date of onset		
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>At Home</b>			<b>12/1</b>		
	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) <b>St. Louis, Mo.</b>					Other contributory causes of importance: <b>Chronic Interstitial nephritis</b>	
FATHER	13. NAME <b>Frederick Ott</b>				Name of operation <b>Phys By</b> Date of <b>—</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>				What test confirmed diagnosis <b>Phys By</b> Was there an autopsy? <b>no</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <b>—</b> Date of injury <b>—</b> , 19 <b>—</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>				Where did injury occur? <b>—</b> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT (ADDRESS) <b>Mrs. Elizabeth Harrison 4120 Holly Hills Bl.</b>					Manner of injury <b>—</b>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New St. Marcus</b> DATE <b>Oct. 20, 1938</b>					Nature of injury <b>—</b>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Wacker-Helderle 2331 S. Broadway</b>					24. Was disease or injury in any way related to occupation of deceased? <b>no</b>	
20. FILED <b>OCT 19 1938</b> <b>J. J. Bredeck</b> Local Registrar.					If so, specify <b>Delay</b> (Signed) <b>Delroy Jamison</b> M. D. (Address) <b>548 N. Grand St. St. L.</b>	

Every item of information should be carefully supplied. Age should be stated EXACTLY. FATHER'S OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Frank J. Highland Sr.*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Frank J. Highland Sr.*  
Licensed Embalmer No. *2645*  
P. O. Address *St. Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**