

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37849
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
 (b) Township St. Louis Primary Registration District No. 4101 Russell
 (c) City St. Louis (d) Street No. 4101 Russell St. 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Theodore Otto
 (a) Residence, No. 4101 Russell St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Grocer
 9. Industry or business in which work was done, as saw mill, bank, etc. Own Business
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Koelztown
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Stev. Otto
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catherine Brunner
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

17. INFORMANT Theodore Otto, Jr.
 (ADDRESS) 4101 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL New S.S. Peter & Paul DATE Nov. 25, 1938

19. FUNERAL DIRECTOR (NAME) W. J. Robert
 (ADDRESS) 1905 S. Grand Blvd.

20. FILED NOV 23 1938 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-11-1938, to 11-22-1938

I last saw him alive on 11-22-1938. Death is said to have occurred on the date stated above, at 1.45 P.M.

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

Coronary Thrombosis
Diabetes Mellitus
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. E. Swain, M. D.

(Address) 1323-12-1/2 Highway

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.

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, _____

_____, or by _____

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

Signed _____

Licensed Embalmer No. 502

P. O. Address R. Louis Mc

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.