

REC'D FEB 10 1939

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

912

Do not use this space.

912

1. PLACE OF DEATH

(a) County 2 / Registration District No. 1003
 (b) Township 1 Primary Registration District No. _____ Registered No. _____
 (c) City St. Louis (d) Street No. 3655 Dover Pl. 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

300 Lucille E. Otto
 (a) Residence, No. 3655 Dover Pl. 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

3. SEX Female 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 George R. Otto
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1902
 7. AGE YEARS 36 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Aswk
 9. Industry or business in which work was done, as saw mill, bank, etc. 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) St. Charles, Mo
 (STATE OR COUNTRY)

FATHER 13. NAME Albert Runge

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hulu Stickel

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
 (STATE OR COUNTRY)

17. INFORMANT The R. Otto
 (ADDRESS) 3655 Dover

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 1-30-1939

19. FUNERAL DIRECTOR (NAME) Southern Ind Co
 (ADDRESS) 6322 S. Grand

20. FILED JAN 30 1939 J. F. Friedrich
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1938 to Jan 27 1939

I last saw him or her alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Autostatic Adrenal Crisis Date of onset _____
of Coronary Myocardial Infarction
of Pericarditis

Other contributory causes of importance:

Removal of legs by amputation 36
 Name of operation Right Knee Date of Aug 38
 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? _____

If so, specify _____

(Signed) J. H. Kayser, M. D.

(Address) 2. 3. Business Bldg

Dr.
Louis H. Heupel
3720 Washington
2nd St. St. Louis

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,

Wilson Collins

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Wilson Collins

Licensed Embalmer No.

3787

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.