

REC'D SEP 14 1939

791

Registration District No.

1003

Primary Registration District No.

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.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mo. 2 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Joseph Ott 300

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christine Age of husband or wife if Unknown alive unk years

7. Birth date of deceased Jan 26th 1869
 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Tinner.

11. Industry or business _____

12. Name Unknown.

13. Birthplace Unknown. (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Ott.

(b) Address 6405 Arnel.

17. (a) Burial (b) Date thereof Aug 7 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary, Cem.

18. (a) Signature of funeral director H. J. Linden

(b) Address 1417 N. Market

19. (a) AUG 5 1939 (b) J. J. Baudeck
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 2572W Sullivan (Specify location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1939 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from June 3, 1939 to August 3, 1939, that I last saw him alive on August 3, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx Duration 14 mos.

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carcinoma
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry D. Birch (M. D. or other) _____
 Address City Hospital Date signed 2/4/39

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

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.