FILED APR 15 1940

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8882

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2365

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6236 Arsenal St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life.
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6236 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Bennett Otto.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry E Otto

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 28 1876 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

MOTHER FATHER

12. Name ? Heinrich

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

MOTHER

14. Maiden name Tillie Stoye

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

16. (a) Informant Liian Stoye

(b) Address 6236 Arsenal St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/11/40 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Theo Lutes

(b) Address 2906 Gravois Ave.

19. (a) MAR 11 1940 (Date received local registrar) (b) J. F. Budelt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour 3 00 P.M. minute M.

21. I hereby certify that I attended the deceased from March 27 1939, to March 8 1940 that I last saw him alive on March 7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Bulbar Paralysis — 1 year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. P. Henmerich Jr. M.D. (M. D. or other)

Address 6200 Columbia Ave Date signed 3/9/40

(Licensed Embalmer's Statement on Reverse Side)

6200 Columbia St.

Kennedy

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

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

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

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