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FILED MAR 25 1941 791

State File No.

1642

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County St. Louis
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mattie Otterson

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward Otterson 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 1 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Housework

MOTHER FATHER 11. Industry or business

12. Name Bernard Jarvis
13. Birthplace St. Charles Mo O
(City, town, or county) (State or foreign country)
14. Maiden name Rose Devine
15. Birthplace St. Charles Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Otterson
(b) Address 1520 1/2 Warren St.

17. (a) Burial (b) Date thereof Feb. 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director J. J. Brudeck
(b) Address 3934 1/2 St. Louis Mo

19. (a) FEB 20 1941 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1726
(If outside city or town limits, write "RURAL")
(d) Street No. 1520 1/2 Warren St. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20, year 1941 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from February 17, 1941 to February 20, 1941, that I last saw h. ST alive on February 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Chronic myocarditis

Due to None

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None Of autopsy None

Duration
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 work)
(c) Means of injury 0
23. Signature James T. Murphy (M. D. or other) 2/20/41
Address 1515 Lafayette Avenue Date signed _____

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

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.....

Alfred J. Baedeker

Licensed Embalmer No. *2663*

P. O. Address.....

4204 Prairie

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, fact should be so stated above.