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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33493

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8449

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2615 Arkansas Av. (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2615 Arkansas Av. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elmer Robert Ott
3. (b) If veteran, name war World War
3. (c) Social Security No. no.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Ott
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Nov. 7 1893. (Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Builder
11. Industry or business
MOTHER FATHER
12. Name Albert Ott
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Fannie Reed
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Lillian Ott
(b) Address 2615 Arkansas Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Weth Bros. Lt. Co.
(b) Address 2929 S. Jefferson Av
19. (a) OCT 25 1941 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1941 hour 6 minute 10 p. M.
21. I hereby certify that I attended the deceased from 5-4, 1941, to 10-23, 1941 that I last saw him alive on 10-23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Pneumonia bronchial	3 days.
Due to: Cirhosis of Liver	2
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) —
(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 Bernard Ploch (M. D. or other)
Address 3527 Osage St. Date signed 10-24-41

(Licensed Embalmer's Statement on Reverse Side)

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.....Edgar F. Witt

Licensed Embalmer No.....2117

P. O. Address.....2929 S. Jefferson

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.