

FILED FEB 24 1942 791

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4456 a Margaretta ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **10 000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4456 a Margaretta ave.** **9**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Amalia Otto**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **February 12 1857**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	11	17	_____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Peter Joschke**

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

14. Maiden name **Unkno wn Bloch**

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

16. (a) Informant **Rev Frank Otto**

(b) Address **4456 a Margaretta ave.**

17. (a) **Burial** (b) Date thereof **Feb. 2, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews Cemetery**

18. (a) Signature of funeral director **Chaffin H. L. C.**

(b) Address **7814 S. Broadway**

19. (a) **JAN 30 1942** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**
year **1942** hour **2** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **January 3** 1942 to **January 29** 1942.

that I last saw him **alive on January 26** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: **arterio sclerosis**
Duration **not known**

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) _____

(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 **George D. Mueller** (M. D. or other) _____

Address **2504 N 14** Date signed **Jan 30 1942**

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

100
17
9

MOTHER FATHER

8XX

2504 N 14th St
1602 Station Ave.
2-3 p.m.

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 Louis C Hoffmeister
Licensed Embalmer No. 3821
P. O. Address 7814 S Broadway

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.