

H218
S. No. 2
M-9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

12942
State File No. 3558
Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 15 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 24-17
(d) Street No. 3443 Wisconsin Ave
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Charles J. Ott

MEDICAL CERTIFICATION

3. (b) If veteran, name war 70
3. (c) Social Security No. 489-07-1345

20. DATE OF DEATH: Month April day 20, year 1942 hour 1:05 minute P. M.

4. Sex Males
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ott
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 6 1878

21. I hereby certify that I attended the deceased from April 6, 1942 to April 20, 1942 that I last saw him alive on April 20, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 9 Days 14 If less than one day hr. min.

Immediate cause of death Bleeding Duodenal ulcer
Due to
Due to
Other conditions 117
(Include pregnancy within 3 months of death)

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

10. Usual occupation Beer Bottler
11. Industry or business Anheuser-Busch

Major findings: Of operations
Of autopsy yes
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Jacob Ott
13. Birthplace Switzerland
14. Maiden name Francisca Busch
15. Birthplace Germany

16. (a) Informant Mary Ott
(b) Address 3443 Wisconsin Ave.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Cremation (b) Date thereof 4-23-42
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bro & Co
(b) Address S. Jefferson Ave

23. Signature Chas. R. Brunk (M. D. or other) 0
Address 1515 Lafayette Avenue, Date signed 4/20/42

19. (a) APR 21 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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.....

Paul Shanklin....., 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.