

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 28 1942
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
3644 Minnesota 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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3644 Minnesota Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATHILDA OTT

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 Anton Ott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 22 1871
(Month) (Day) (Year)

8. AGE: Years 71 70 Months 11 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home.

12. Name Fred. Fuchs

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

14. Maiden name Magdalena Wever

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

16. (a) Informant Mrs. Edna Soetabeer

(b) Address 3644 Minnesota Ave.

17. (a) Burial (b) Date thereof Oct. 17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Shoemaker & Son
(b) Address 2906 Gravois Ave.

19. (a) OCT 15 1942 (b) J. F. Beedick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14th
year 1942 hour 10 45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 36 to Oct 14 1942
that I last saw her alive on Oct 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 days

Due to arteriosclerosis hypertension ?

Due to osteo arthritis ?

Other conditions (Include pregnancy within 3 months of death) 8/3

Major findings: Of operations Am Of autopsy Am
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? _____

23. Signature J. F. Beedick (Specify type of place) _____ (e) Means of injury _____
Address 512 New Pl (M. D. or other) _____
Date signed 10/14/42

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

MOTHER FATHER

512 Denver Ave
730 W 9

do 1726

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..... *Thos Latis*

Licensed Embalmer No. *1619*

P. O. Address *2906 Gravois*

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.