V. S. No. 2
DM—9-4-41
ev. 5-17-39
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942 318

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35772

Registrar's No. 9239

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: St. Vincent's Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 9 days (Specify whether years, months or days)

In this community Yes

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Illinois (b) County Montgomery 13

(c) City or town Hillsboro 9 NR
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Lessie Otter

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 Mr. Wesley Otter

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

7. Birth date of deceased April (Month) 8 (Day) 1918 (Year)

8. AGE: Years 24 | Months 6 | Days 24 | If less than one day _____ hr. _____ min.

9. Birthplace Hillsboro, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Mr. Joseph Limper
13. Birthplace Okawville, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mrs. Tessie Kaburick Limper
15. Birthplace Hillsboro, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Otter
(b) Address Hillsboro

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) NOV 5 1942 (Date received local registrar) J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1942 hour 4 minute 48 P.M.

21. I hereby certify that I attended the deceased from Aug 24, 1942, to Nov 2, 1942, that I last saw him alive on Nov 2, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Exhaustion from psychosis manic type	
Due to post partum psychosis	
Due to childbirth	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
Of autopsy X

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) X

(b) Date of occurrence X

(c) Where did injury occur? X (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 0

23. Signature W. B. Sutton (M. D. or other)

Address St. Vincent's Sanit. Date signed 11/2/42

(Licensed Embalmer's Statement on Reverse Side)

9239

9239 MAR 2 1945

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.