

S. No. 2
M-5-42
v. 5-17-39
I X32873

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 303

FILED JAN 19 1943 818
Registration District No.

Primary Registration District No. 1003

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

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:
1013a Morrison /
(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: 000
17
9 22

(a) State..... Mo. (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1013a Morrison
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME Mary Ott

3. (b) If veteran, name war..... No.

3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced, or widowed 2. Divorced Widowed

6. (b) Name of husband or wife Theodore Ott

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

7. Birth date of deceased January 15 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 11 24 hr. min.

9. Birthplace St. Genevieve Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Frank Spraul

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Regina Herzog

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Ott

(b) Address 1013a Morrison

17. (a) Burial (b) Date thereof 1/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter-Baul

18. (a) Signature of funeral director *Herma... ..*

(b) Address 3013 Meramec

19. (a) *Jan 19 1943* (b) *J. J. Bredeck*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1943 hour 2.40 minute P. M.

21. I hereby certify that I attended the deceased from Sept 24th 1942 to Jan 8th 1943
and that death occurred on the date and hour stated above.
I last saw her alive on Jan 7th 1943

Immediate cause of death Cerebral apoplexy - 3 days

Due to Chronic myocarditis Sufficient

Other conditions none 9/2

Major findings: Of operations none

Of autopsy none

Duration 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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature *W. J. James* (M. D. or other) 0
Address 1544 So. Broadway Date signed 1/9-43

Sun. 9/6/08 AM

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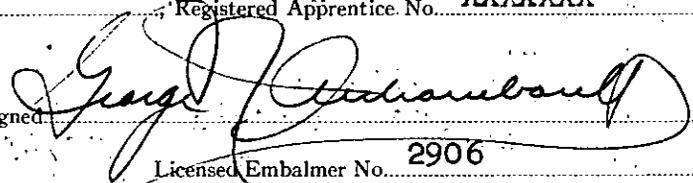
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.