No. 2
-5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4614

State File No. 1824

Registration District No. 318 Primary Registration District No. 11003 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:
3420 Missouri 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 St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 5412 Fletcher Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry A. Otto

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Otto

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

7. Birth date of deceased January (Month) 4 (Day) 1879 (Year)

8. AGE: Years 64 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Henry A Otto

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

14. Maiden name Matilda Henrichs

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

16. (a) Informant Floyd Otto

(b) Address 5412 Fletcher Pine Lawn, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem.

18. (a) Signature of funeral director Lamm & Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1943 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 10/31/42, 19, to 2/20/43, 19; that I last saw him alive on 2/20/43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart Disease

Due to

Other conditions Cancer of Rt tonsil
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations none

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Stein (M. D. or other) M.D.

Address 6807 W. Florissant Date signed 2/20/43

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1943

1824

1824

APR 7 1943

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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.