S. No. 2
M—5-42
5-17-39
I X32875

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

State File No. 8647

FILED APR 9 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3069

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: City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 911
(If outside city or town limits, write "RURAL")

(d) Street No. 4012 Lincoln Ave
(If rural, give location)

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

If yes, name country ✓ O

3. (a) PRINT FULL NAME ADOLPH OTTO

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Feby (Month) 8 (Day) 1873 (Year)

8. AGE: Years 70 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business do

FATHER
12. Name Frederick Otto
13. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Emma Rowe
15. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

16. (a) Informant Wallace Otto
(b) Address 4012 Lincoln Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation St Mathews

18. (a) Signature of funeral director John P Collins Bro
(b) Address 928 N Grand Av

19. (a) MAR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1943 hour 11 minute 20 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia fracture of left leg and right foot suffered when deceased lost his

Due to balance and fell from inside floor window to exercise walk

Due to along side of his home 4012 Lincoln Ave Feb 25 1943 about

Other conditions 11.25 AM

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident 000

(b) Date of occurrence Feb 25 1943

(c) Where did injury occur? St Louis (City or town) (County) (State)

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

While at work? no (e) Means of injury Fall

23. Signature James J. Fitzpatrick (M. D. or other) 3

Address 1200 Clark Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1953

MAY 28 1953

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 G W Wilkins

Licensed Embalmer No. 3575

P. O. Address.....

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.