

APR 28 1943

Registration District No. 18

Primary Registration District No. 1003

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

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:
1156 A.S. Kingshighway
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME George Ott

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 30 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>15</u>hr.min.

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

10. Usual occupation Janitor Penn Memorial Church

11. Industry or business.....

MOTHER FATHER

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant Josephine Ott

(b) Address 1156 A.S. Kingshighway

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof April 22 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3089 Lafayette Ave

19. (a) APR 21 1943
(Date received local registrar)

J. F. Brudeck
(Registrar's signature)

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. 1156 A.S. Kingshighway
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day April
year 1943 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 19 1943 to Apr. 20 1943
that I last saw him alive on Apr 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CARDIAC DILATATION *Duration 3 yrs*

Due to CHRONIC MYOCARDIOSIS *1 yr*

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. F. Brudeck (M. D. or other) Dr.

Address 5920 South West Date signed 4-21-43

593. S. Wood
S. Wood

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 Paul J. Dwyer

Licensed Embalmer No. 245

P. O. Address. 101 S. Wood

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.