

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16455

State File No.

Registrar's No.

4585

FILED MAY 27 1943 318

Registration District No.

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, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bethesda Hospital
 (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)

3. (a) PRINT FULL NAME **Marvin Ottwell**

3. (b) If veteran, name war..... **None**
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife..... **Bonna Ottwell**
 6. (c) Age of husband or wife if alive..... **29** years

7. Birth date of deceased..... **February 2, 1908**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	3	15 hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Ottwell**

{ 13. Birthplace..... **Kampsville Illinois**
 (City, town, or county) (State or foreign country)

{ 14. Maiden name..... **Rosa Cox**

{ 15. Birthplace..... **Kampsville Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Bonna Ottwell**(b) Address **Mozier, Illinois**

17. (a) **Removal** (b) Date thereof..... **5/17/43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kampsville, Illinois**18. (a) Signature of funeral director..... **Albert H. Hoppe, Inc**(b) Address **4700 Washington Blvd.,**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County..... **Calhoun**
 (c) City or town..... **Mozier**
 (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..... **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
 year **1943** hour **11** minute **05 P.**M.

21. I hereby certify that I attended the deceased from
 19..... to **May 16** 19 **43**
 that I last saw him **8:00 PM May 16** and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral sinus thrombosis & Meningitis Strup
 Due to..... **Panuretic P. 2 days**

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death) **10H**

Major findings: **Radical frontal +**
Mantley sutures R.
 Of autopsy **Cochran's Sinus thrombosis.**

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..... **Marvin Ottwell** (M. D. or other)

Address **4500 Olive St. St. Louis** Date signed **5-17-43**
mo

Duration

2 days**27 hr.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 4053

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.