

FILED MAR 13 1944

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2189

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
7021 W. PINE 1
(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 _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4021 W. PINE
(If rural, give location)
(e) Citizen of foreign country? _____ (Number No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARA BACHMANN OTTO

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife PAUL EMIL OTTO 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB. 24 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 10 hr. min.

9. Birthplace ST. LOUIS MO. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

12. Name HERMANN BACHMANN
13. Birthplace _____ CONN.
(City, town, or county) (State or foreign country)
14. Maiden name EMMA WAGNER
15. Birthplace _____ GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Laura B. Spear
(b) Address 4021 W. Pine
17. (a) BURIAL (b) Date thereof 3-7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director TRUTH CENTER MORTUARY
(b) Address 4024 LINDELL BLVD.
MAR 6 1944
19. (a) _____ (Date received local registrar)
(b) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1944 hour 10 minute - A.M.
21. I hereby certify that I attended the deceased from March 4, 1943
_____ 1943, to December 22 1943;
that I last saw her alive on Dec. 22, 1943 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic heart disease 20 yrs
Due to Arteriosclerotic heart disease 20 yrs

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 Edward H. Peirland (M. D. or other)
Address 600 S. Kingshighway Date signed 3/6/44

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

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.....

W. E. Morris

Licensed Embalmer No. *2360*

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.