

FILED FEB 16 1944

Registration District No. **293**

Primary Registration District No. **4532**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County **Warren**

(b) City or town **Marthasville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren**

(c) City or town **Marthasville**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Otto C. Mittler**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **495-12-8824**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lydia S. Ahmann** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Sept. 30, 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	24	hr. _____ min. _____

9. Birthplace **Marthasville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER {

12. Name **Henry Mittler**

13. Birthplace **Dutzow Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Gertrude Wahl**

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

16. (a) Informant **Mrs. Lydia S. Mittler**

(b) Address **Marthasville, Mo.**

17. (a) **Burial** (b) Date thereof **1-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marthasville, Mo.**

18. (a) Signature of funeral director **J. W. Nieburg & Co.**

(b) Address **Warrenton, Mo.**

19. (a) **Jan. 27, 1944** (b) **Chel Kehl**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **24**
year **1944** hour **12:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 6 1944** to **Jan 24 1944**
that I last saw him alive on **Jan 24 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Angina pectoris

Due to _____
Coronary heart disease

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

Major findings: Of operations _____
Of autopsy _____

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. J. Johnson** (M. D. or other)
Address **Marthasville Mo** Date signed **1/25/44**

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Duration **3 1/2 yr**

4 yr

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 _____

John F. Meberg

Licensed Embalmer No. _____

3897

P. O. Address _____

Warrenton, M

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.