

FILED JAN 5 1945
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 11270

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether _____)
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. #6 Sunset Court
(If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Edward F. Otto

20. DATE OF DEATH: Month Dec. day 30,
year 1944 hour 10:00 AM/minute M.

3. (b) If veteran, name was None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Apr 14
1942 to Dec 30, 1944
that I last saw him alive on Dec 30, 1944
and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral Hemorrhage 1 day
Duration _____

6. (b) Name of husband or wife Ida F. Otto nee Tomiagen 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 27, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Broker

11. Industry or business _____

12. Name August Otto

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

14. Maiden name Minnie Stromberg

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

16. (a) Informant Mrs Ida F. Otto

(b) Address #6 Sunset Court Normandy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/45
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 1 1945 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

Other conditions Arteriosclerosis
(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. F. Bredeek (M. D. brother)

Address 3825 N. 70th St. Date signed 1/1/45

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

179

NOV 19 1946

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. Ford G. Burnley

Licensed Embalmer No. *42020*

P. O. Address.....

St. Louis Mo

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.