S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11604

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3379

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4953 Columbia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Otto
3. (b) If veteran, name war none
3. (c) Social Security No. 351-189837
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Otto
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan. (Month) 22 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
82	2	24	hr. min.

9. Birthplace Springfield, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Nicholas Otto
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Kerst
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Ella Otto
(b) Address 4953 Columbia Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date there 4-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1945 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9:30 P.M. on April 15th, 1945, to 12:30 a.m. April 16 1945; that I last saw him alive on April 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Intracerebral Hemorrhage — Duration: 1 day
Due to: Arteriosclerotic Cardio-vascular disease
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: Chronic pyelonephritis, cardiac hypertrophy, pulmonary edema

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 4/16/45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert D Hoppe

Licensed Embalmer No. 1861

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.