V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11513

Registration District No. 318 FILED MAR 18 1946 Primary Registration District No. 1003 Registrar's No. 2071

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 (Specify whether years, months or days)
In this community

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. 949 Wilmington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Ottmann

3. (b) If veteran, name war None

3. (c) Social Security No. 491-12-8722

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Hannah

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb (Month) 15 (Day) 1864 (Year)

8. AGE: Years 82 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Watchman

11. Industry or business Post Dispatch

FATHER
12. Name George Ottmann
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Vosse
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Hannah Ottmann
(b) Address 949 Wilmington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Fun. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) MAR 2 (Date received local registrar) (b) 1946 J. F. Budesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 16, 1945 to Mch 1st, 1946 that I last saw him alive on 2-28-46, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic Coronary Block — Duration 11 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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 Geo A. Miller (M. D. or other)
Address 2739 N. Grand Date signed 3-1-46

(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 V E Morris

Licensed Embalmer No. 3360

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.