

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15081

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3709**

1. PLACE OF DEATH: **St. Louis Mo.**

(a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5338 A Louisiana
 (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)

3. (a) PRINT FULL NAME **Leola E. Ottanger**

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 **Married**

6. (b) Name of husband or wife **Robert Ottanger** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Nov. 13 1904**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41 5 8 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER

12. Name **Frank Gerner**

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

14. Maiden name **Rose Pflieger**

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

16. (a) Informant **Robert Ottanger**
 (b) Address **5338 A Louisiana**

17. (a) **Burial** (b) Date thereof **4-24-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker Cem.**

18. (a) Signature of funeral director **Wingbermuehle Funeral Home**
 (b) Address **3819 S. Grand Blvd.**

19. (a) **APR 23 1946** (b) **J. F. Bricker**
 (Date received local Registrar's signature) (Registrar's signature)

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. **3238 A Louisiana**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **21st**
 year **1946** hour **4 P.** minute..... M.

21. I hereby certify that I attended the deceased from **1-4-46** to **Apr 21st 1946**
 that I last saw her alive on **4-21-46**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Uremia 1 week
Cyber nephritis 3 mos.
General carcinoma 1 year
Carcinoma cervix uteri 3 yrs

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

Major findings: **Endotomy 3/15/46** PHYSICIAN
 .. Of operations.....
 Of autopsy.....
 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?.....

23. Signature **E. A. Vogel** (M. D. or other) **M.D.**
 Address **3325 S Grand** Date signed **4-22-46**

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. 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.