

S. No. 2  
 DM-5439  
 v. 5-17-39  
 P. 1 X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **18774**  
 Registrar's No. **4331**

Registration District No. **318** Primary Registration District No. **1003**

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

**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:  
**Josephine Heitkamp Hospital**  
(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

**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. **7515 S. Grand ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME:** **Hattie E. Otterman**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **500-21-5222**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **13**  
 year **1946** hour **1** minute **A.** M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Victor H. Otterman** 6. (c) Age of husband or wife if alive **41** years  
 7. Birth date of deceased **February 2 1908**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 1**, 19**46** to **May 13**, 19**46**  
 that I last saw her alive on **May 13**, 19**46**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>38</b>	<b>3</b>	<b>11</b>	hr. _____ min. _____

Immediate cause of death: **Paralytic ileus**  
 Due to **bleed of ascending colon with perforations**  
 Due to **bleed of colon**

9. Birthplace **Sikeston Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**  
 11. Industry or business **Own Home**  
 12. Name **Walter Holmes**  
 13. Birthplace **Mt. Pleasant Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Bertha Lunsden**  
 15. Birthplace **Steeland Illinois**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death): **Cholelithiasis - Chole-**  
**Cystitis**  
 Major findings: **Wall bladder in-**  
**fection with stones**  
 Of autopsy: **as above**

16. (a) Informant **Victor H. Otterman**  
 (b) Address **7515 S. Grand ave**  
 17. (a) **Removal** (b) Date thereof **May 16, 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Jackson, Michigan**  
 18. (a) Signature of funeral director **C. Hoffmeister & L. Co.**  
 (b) Address **7814 S. Broadway St. Louis, Mo.**  
 19. (a) **MAY 14 1946** (b) **J. B. Bredeck**  
(Date received local registrar) (Registrar's signature)

**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 **J. B. Bredeck** (M. D. or other) \_\_\_\_\_  
 Address **3115 S. Grand** Date signed **5/13/46**

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**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.....

*Harry J. Schumacher*

Licensed Embalmer No.....

*2679*

P. O. Address.....

*7814 S. Broadway*

**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.**