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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED AUG 5 1946

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1581

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether
In this community 7 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town JENNINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 5232 Helen Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Roy Otto

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MD 5. Color or race W

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

6. (b) Name of husband or wife Ada Hexter

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased 9 (Month)

12 (Day) 1900 (Year)

8. AGE: Years 45 Months 10 Days 15

If less than one day hr. _____ min. _____

9. Birthplace Carmi (City, town, or county)

Ill. (State or foreign country)

10. Usual occupation Warehouse employee

11. Industry or business Cupples Hess Co.

12. Name John Otto

13. Birthplace Brookville (City, town, or county)

Illinois (State or foreign country)

14. Maiden name Lucy Austin

15. Birthplace Ensfield (City, town, or county)

ILLINOIS (State or foreign country)

16. (a) Informant Ada Otto

(b) Address 5232 JENNINGS

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 30 1946 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) 7-30-46 (Date received local registrar)

(b) Edgar Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1946 hour 12:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 27, 1946, to July 27, 1946; that I last saw him _____ alive on _____, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
946

Duration 64 hrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) (Specify means of injury) _____

Signature John Otto (M. D. _____)

Address 601 Bramwood Date signed 7-27-46

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

AUG 30 1948

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.....

James R. Dunn.....

Registered Apprentice No. 403.....

working under my personal supervision.

Signed *James R. Dunn*.....

Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette St.

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.