

S. No. 2  
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5-17-39  
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#59025  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **6170**

**FILED** JUL 22 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(d) Length of stay: In hospital or institution 4 weeks Memorial  
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 116 N. Broadway  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Germany

3. (a) PRINT FULL NAME OTTO SENGOTTA  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July 12th day  
year 1946 hour 12:01 minute P M.  
21. I hereby certify that I attended the deceased from 6/15/46  
1946 to 7/12/46, 1946  
that I last saw him in alive on 7/12/46, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 11 1878  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis of arteries Duration 19y  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) H/O

8. AGE: Years Months Days If less than one day  
67 8 1 hr. \_\_\_\_\_ min.

Major findings: Of operations Some - insignificant  
Of autopsy not obtained  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4  
10. Usual occupation Cigar Maker

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name John Sengotta 4  
13. Birthplace Germany (State or foreign country) 4  
14. Maiden name Augusta BogemueUler  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs Marie Tavis  
(b) Address 5870 Roosevelt Ave  
17. (a) Burial (b) Date thereof July 13 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (e) Means of injury \_\_\_\_\_  
23. Signature M. Hara (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette 7/12/46 signed \_\_\_\_\_

(c) Place: burial or cremation New Bethlehem Cem  
Calvin F Feutz Funeral Home  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 4828 Nat Bridge Blvd  
19. (a) JUL 12 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*John A. Mlinar*

Licensed Embalmer No.

*4186*

P. O. Address

*St. Louis Mo*

**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.**