S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34653

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 3028

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town KIRKWOOD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 SCHULZ RD 1
(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 18 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town KIRKWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. 8 SCHULZ RD
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME JOHN WILLIAM OTTO

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA H. OTTO

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

7. Birth date of deceased SEPTEMBER 25 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	—	16	hr. min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED - 18 YRS

11. Industry or business MNUFACTURER

MOTHER FATHER

12. Name GEORGE H. OTTO

13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant GEORGE C. OTTO - ST LOUIS

(b) Address 7391 STRATFORD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-14-1946 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Parker Lind Co.

(b) Address WEBSTER GROVES MO

19. (a) 10-14-46 (Date received local registrar) (b) Ruth Gleason MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-5-46, 19..., to 10/11/46, 19..., that I last saw him alive on 10-11-46, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Cardiac Dilatation — 1 day

Due to Chronic Myocarditis — 2 yrs.

Due to 93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. A. Shedlic (M. D. or other) MD

Address Kirkwood, Mo. Date signed 10/14/46

(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. Leslie Welch

Licensed Embalmer No. 4395

P. O. Address. Webster Groves 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.