

No. 2
-12-45
5-17-39
I X47020

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 11367
2421
Registrar's No. 2421

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5546 Labadie
(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 Amilia Ott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

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

7. Birth date of deceased: Sept 7 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>72</u>	<u>5</u>	<u>29</u>	hr. _____ min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

MOTHER FATHER

11. Industry or business _____

12. Name Jacob Bauer

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

14. Maiden name Not Known

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

16. (a) Informant Robert Decker

(b) Address 3315 S. 7th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/47
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mthews Cem

18. (a) Signature of funeral director Schumacher and Co.
MAR 8 1947 3013 Meramec st.

19. (a) MAR 8 1947 (b) J. F. Bredack
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
2418

(d) Street No. 3315 S. 7th. (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1947 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3/3-47
19____, to 3-6- 1947
that I last saw her alive on 3-6- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Relax - 7th base

Duration _____

Due to _____

Due to _____

Other condition Arteriohypertension
(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) NO

(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 J. F. Bredack (M. D. or other)
Address 2500 S. Humphreys (City or town) (County) (State)

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 Francis Williamson

Licensed Embalmer No. 3565

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.