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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19211

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4937

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital 0
(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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4039 Bamberger Ave. 10
(If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN OTT

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen E.
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April (Month) 1 (Day) 1884 (Year)

8. AGE: Years 63 Months 1 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Proprietor
11. Industry or business Grocery Store

FATHER
12. Name John Ott
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Rosalie Burkhardt
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Helen E. Ott
(b) Address 4039 Bamberger Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 17 (Day) 47 (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAY 16 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1947 hour 8:15 minute P. M.
21. I hereby certify that I attended the deceased from Feb 9, 1947 to May 14, 1947
that I last saw him alive on May 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bones (Primary?) 3-4-Months
Due to
Due to
Other conditions Duodenal Ulcer
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

Duration

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? 0 (e) Means of injury 0
23. Signature [signature] (M. D. or other) MD
Address Paul Brown Bldg Date signed May 15-47

(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

Dale C. Hammann, Registered Apprentice No. 420

working under my personal supervision.

Signed Edwin N. McDermott

Licensed Embalmer No. 3024

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.