

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

Registration District No. 318

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:
1312 - Sidney St. /
(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 Emma Ottomeyer

3. (b) If veteran, name war no. 3. (c) Social Security No. 720.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased June 30 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Pittsburgh Pa. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business _____

12. Name Jacob Kurth 4

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

14. Maiden name Catherine Gehring 4

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

16. (a) Informant Vincent P. Ottomeyer

(b) Address 1312 - Sidney St.

17. (a) Burial (b) Date thereof 6-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director With Bro. L. M.

(b) Address 2929 S. Jefferson Ave.

19. (a) JUN 2 1947 (Date received local registration) J. F. Bruner (Registrar's signature)

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. 1312 - Sidney St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 30 1947, to May 31 1947
that I last saw her alive on May 31 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage

Due to hypertension

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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Otto C. Hansen (M. D. or other) 140

Address 3012 Lafayette Date signed 5/31/47

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 *W. J. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 Safferson*

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.