

Office of Vital Statistics  
**FILED AUG 16 1947**

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County..... St. Louis

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

(c) Name of hospital or institution.....  
6239 Dardanella /  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... St. Louis 96

(c) City or town..... Pine Lawn  
(If outside city or town limits, write "RURAL")

(d) Street No..... 6238 Dardanella  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frederick W. Otto

3. (b) If veteran, name war..... No

3. (c) Social Security No. .... None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife..... Henrietta Otto

6. (c) Age of husband or wife if alive..... 75 years

7. Birth date of deceased..... Feb. 16, 1863  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st  
year..... 1947 hour..... 8 minute 10A M.

21. I hereby certify that I attended the deceased from 12 to 19 and that I last saw him alive on Aug 1 - 47 and that death occurred on the date and hour stated above.  
Immediate cause of death..... Cardiovascular Renal

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>15</u>	..... hr. .... min.

Due to..... 1312

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... Retired Gardener

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major Findings:  
Of operations.....

Of autopsy.....

16. (a) Informant..... Henrietta Otto  
(b) Address..... 6239 Dardanella

17. (a) Burial (b) Date thereof Aug. 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Faschedag-Henke  
(b) Address..... 2825 N. Grand Blvd

19. (a) 8-4-47 (b) Carla J. Shapiro  
(Date received local registrar) (Registrar's signature)

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)

Signature..... M. G. ... (M. D. or other)  
Address..... 623 Dardanella Date signed..... 8-2-47

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

76  
3

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

*Ernest W. Spiller*

Licensed Embalmer No. \_\_\_\_\_

*4080*

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..