S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6462

FILED MAR 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2226

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4978 Loughborough /
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4978 Loughborough 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2 0

If yes, name country

3. (a) PRINT FULL NAME Mathilda Havemann

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 M /

6. (b) Name of husband or wife Otto

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July (Month) 28th (Day) 1873 (Year)

8. AGE: Years 74 Months 7 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Otto Haveman
(b) Address 4978 Loughborough

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. L. Zugenheim & Sons
(b) Address 7027 Gravois

19. (a) MAR 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1 year 1948 hour 8 minute 26 P.M.

21. I hereby certify that I attended the deceased from 1945, 19, to 3/1, 1948; that I last saw her alive on 2/28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal Disease (Hypertensive)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Jos. G. Gravet M.D. (M. D. or other)

Address 5521 S. Bdwy Date signed 3/3/48

Jefferson City Printing Co.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.