S. No. 800
v. 10-48

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10926

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2750

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7524 N. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2089
d. STREET ADDRESS (If rural, give location): 7524 N. Broadway 0

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): A
c. (Last): OTT

4. DATE OF DEATH (Month) (Day) (Year): 3 22 1950

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 12-21-1881
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. Louis Mo 0
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: John Leber
13b. MOTHER'S MAIDEN NAME: Anna Rehling
14. NAME OF HUSBAND OR WIFE: Fred Ott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Fred Ott - 7524 N. Broadway

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) not known
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓ 4522

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* March 27, 1950, *that I last saw the deceased alive on* March 1, 1950, *and that death occurred at* 3 30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. F. Miller (Degree or title) M D
23b. ADDRESS 8410 N Broadway St Louis Mo
23c. DATE SIGNED 3-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3-24-1950
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: MAR 23 1950
REGISTRAR'S SIGNATURE: Jo B Sosaten
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Edward Koch + Son - 3546 N. 14

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ronald A Yahnke

Licensed Embalmer No. 2917

P. O. Address St Louis

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.