

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10398**
2047

FILED MAR 24 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR Town St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR ST. LOUIS 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 26 1942nd PALM ST	
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First) GEORGE	b. (Middle) OTT
5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2/24.1878	
9. AGE (In years last birthday) 74		10. MONTHS 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOEWORKER		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE OTT		13b. MOTHER'S MAIDEN NAME UNKNOW	
14. NAME OF HUSBAND OR WIFE EMMA OTT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 488-09-2801		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Ott 1942nd Palm St	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 492X		22. I hereby certify that I attended the deceased from 2-14-52 , 19___, to 3-2-52 , 19___, that I last saw the deceased alive on 3-2-52 , 19___ and that death occurred at 11:25P m., from the causes and on the date stated above.	
23a. SIGNATURE Richard J. Davis M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 3-3-52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 3/5/52		24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE W. W. Schumacher & Sons	
25. ADDRESS 2924 1/2 St		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 4 1952 J. Carl Smith	

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

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 _____

Gustav W. Deitrich

Licensed Embalmer No. _____

4329

P. O. Address _____

St. Louis, Mo.

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.