

FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. 44164

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3194

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. LENGTH OF STAY (In this place) 77 yrs	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 8712 So. Grand Lemay Mo.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	
3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Anna c. (Last) Ott		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1952	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 19th. 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Karl Lenhard		13b. MOTHER'S MAIDEN NAME Anna Marie Bastien	
14. NAME OF HUSBAND OR WIFE Peter M. 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. none		17. INFORMANT'S SIGNATURE OR NAME Peter M. Ott	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Lemay Mo I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic degenerative ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 443X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec. 10, 1940, to Dec. 13, 1952, that I last saw the deceased alive on Dec. 10, 1952, and that death occurred at 11:30 P. M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) E. W. [Signature]		23b. ADDRESS 1504 So. Grand	
23c. DATE SIGNED 12/15/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE December 17-1952		24c. NAME OF CEMETERY OR CREMATORY Park Lawn	
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry L. Weiden 118-6203 Gravois St. Louis Mo.	
DATE REC'D BY LOCAL REG. 12-15-52		REGISTRAR'S SIGNATURE H. R. Damb-McP	

**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 *Fred J. Lamm*

Licensed Embalmer No. 4788

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.