

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

27548

1. PLACE OF DEATH

96 County St. Louis  
Township Central  
City St. Louis

Registration District No. 789  
Primary Registration District No. 6033B  
(No. 2514, E. Milton)

File No. \_\_\_\_\_  
Registered No. 246  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ottillie Pankau

(a) Residence, No. 2514 East Milton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Overland, Mo.  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8-1871</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>1</u>	DAYS <u>23</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Louis Huntz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Edna Hoffman Overland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Overland</u> DATE <u>Sept 2</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Ziegenfuss John L. &amp; Son 1027 Main St. Overland</u>		
20. FILED <u>9-1-</u> 19 <u>33</u> <u>Opela, Bruce</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_.

The principal cause of death and related causes of importance were as follows:  
Has been ill 2 1/2 yrs. with bone sarcoma, one leg amputated above knee 2 yrs. ago at St. Mary's hospital. The reoccurrence into this stump became most severe; preparing to amputate at hip joint; and rather than go thru this again, she decided to end it all by the following method.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_  
Tube B. Tumor 8/31/33  
(Signed) \_\_\_\_\_ M. D.  
(Address) 3718 Jennings, Per. Overland, Mo.

SEP 26 1933

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Suicide: by illuminating gas, in early morning while in the kitchen, stuck head into the gas-oven and threw a large quilt over her head, bent over the stove, and sat on chair, so head would be in the opening of the oven. Found at 6:15 A.M. by her daughter, Mrs. Pauline Smith, 2514 E. Milton, Overland with whom she made her home. Tried to revive her for two and one half hours, and then pronounced dead, by Dr. Finley of Overland, Mo. who was called in.

*Julia B. Turner*  
*Home St. Louis Mo*  
*8/31/33*