

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

REC'D MAR 14 1938

5377
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2209 Hebert St.** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minnie Otto 300
 (a) Residence, No. **2209 Hebert** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **August Otto**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 29, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. **Housekeeper**
 9. Industry or business in which work was done, as 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) **St. Louis Mo.**

FATHER 13. NAME **Casper Altherde**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Annie Wiemann**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Little Sisters of the Poor**
 (ADDRESS) **2209 Hebert St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Feb. 26, 1938**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.**
 (ADDRESS) **3840 Lindell Blvd.**

20. FILED **FEB 26 1938** **J. D. Bredenk** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 25, 1938**

22. HEREBY CERTIFY, That I attended deceased from **Jan. 10, 1938** to **Feb. 25, 1938**
 I last saw h. **alive on Feb. 25, 1938** Death is said to have occurred on the date stated above, at **10⁰⁰ a.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
Anterovascular
 Other contributory causes of importance: _____
 Name of operation **None** Date of _____
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 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? **No**
 If so, specify _____
 (Signed) **Anthony A. Piekarski, M. D.**
 (Address) **1525 a Cass Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No. 2868

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.)