

DEC 12 1938

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

37654  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003  
 (b) Township St. Louis Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 4300 McPherson Registered No. 9981  
 (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

(a) Residence, No. 4300 McPherson St. 19 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Otten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-2-1860

7. AGE YEARS 78 MONTHS 0 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Bar tender  
 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) Germany

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Bessie M. Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ. DATE 11-19-38

19. FUNERAL DIRECTOR (ADDRESS) Washington University

20. FILE NO. NOV 19 1938 J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to October 16, 1938

I last saw him alive on October 16, 1938. Death is said

to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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) Jos. W. Orentlicher, M. D.

(Address) 5300 Easton Ave

Mr. A. Austin  
53003 Canton  
927-4 PM

5300

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STATEMENT BY LICENSED EMBALMER

I, Albert Masfield, Licensed Embalmer No. 3077

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Masfield  
L. E.

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

Signed Albert Masfield  
Licensed Embalmer No. 3077

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.)