

REC'D MAR 13 1936

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

4588
Do not fill this space.791
1003

1281

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St Louis (d) Street No. Christian Hospital 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 Mary Frances Ottmann

(a) Residence, No. Lutheran Altenheim 8721 Halls Ferry St. (Usual place of abode, if no street address, write county or city) **M.R.** (If nonresident, give city or town and State)

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 George Ottmann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1857
 7. AGE YEARS 81 MONTHS 11 DAYS 3 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
 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) Quincy Ill (STATE OR COUNTRY) 1

FATHER 13. NAME Joseph Kales 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Winkerson
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Henry Sunderthal, Supt. 8721 Halls Ferry

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Mo. DATE Feb. 10 1936

19. FUNERAL DIRECTOR (NAME) Benjamin Emil Brock (ADDRESS) 1936 St. Louis Mo

20. FILED **FEB 9 1936** J.F. Brodeur Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1936 19

22. I HEREBY CERTIFY, That I attended deceased from JAN. 31, 1939 to FEB. 7, 39, 19.

I last saw her alive on FEB. 7, 1939 19. Death is said to have occurred on the date stated above, at (9:45 P M) m.

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

CHRONIC MYOCARDITIS

Date of onset

JUNE
1938

Other contributory causes of importance:

NONE

Name of operation..... NONE Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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..... NONE

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J.A. Vanstrefen M. D.
 (Address) 8313 HALLS FERRY RD. CITY

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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, above space should be left blank.