

APR 12 1939

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

8757  
Do not use this space.

1. PLACE OF DEATH

(a) County.....<sup>2</sup> Registration District No.....<sup>791</sup>  
(b) Township.....<sup>1</sup> Primary Registration District No.....<sup>1003</sup> Registered No.....<sup>2522</sup>  
(c) City.....<sup>1</sup> St. Louis (d) Street No. <sup>3962</sup> Shaw Blvd. .... 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME <sup>352</sup> Henry C. Ottensmeyer

(a) Residence, No. <sup>3962</sup> Shaw Blvd. St. 17 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <sup>1</sup> Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <sup>1</sup> Mary Ottensmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 23 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <sup>1</sup> Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. <sup>1</sup> Carriage Maker  
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 <sup>6</sup>

FATHER 13. NAME Henry C. Ottensmeyer <sup>6</sup>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany <sup>7</sup>

MOTHER 15. MAIDEN NAME Unknown <sup>8</sup>

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

17. INFORMANT (ADDRESS) <sup>1</sup> Mary Ottensmeyer  
<sup>1</sup> 3962 Shaw Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE <sup>1</sup> New St. Marcus DATE <sup>1</sup> March 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) <sup>1</sup> Peetz Brothers  
<sup>1</sup> 3029 Lafayette Ave

20. FILED <sup>1</sup> MAR 16 1939 <sup>1</sup> J. F. Budich  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from <sup>1</sup> March 9<sup>th</sup> - 1939, to <sup>1</sup> March 16<sup>th</sup>, 1939  
I last saw him alive on <sup>1</sup> March 15<sup>th</sup>, 1939. Death is said to have occurred on the date stated above, at <sup>1</sup> 3:15 A.M.

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

<sup>1</sup> Cerebral Haemorrhage Date of onset <sup>1</sup> 3-8-39

Other contributory causes of importance:  
<sup>1</sup> Chronic Cardiac disease  
<sup>1</sup> Acute Bronchitis  
<sup>1</sup> aortic regurgitation

Name of operation <sup>1</sup> Surgical Date of <sup>1</sup>   
What test confirmed diagnosis <sup>1</sup> Was there an autopsy? <sup>1</sup> No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? <sup>1</sup> No Date of injury ..... 19.....  
Where did injury occur? <sup>1</sup> (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury <sup>1</sup>   
Nature of injury <sup>1</sup>   
24. Was disease or injury in any way related to occupation of deceased? <sup>1</sup> No

If so, specify (Signed) <sup>1</sup> A. M. Tripodi M. D.  
(Address) <sup>1</sup> 5730 Washington Blvd St. Louis Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-1 X18605

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.

*Dr. Tripode*

*3720 W. ...*

*gr 6744*

*3 and 8*

**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. 2245 working under my personal supervision.

Signed *Frank Owens*

Licensed Embalmer No. 2245

P. O. Address \_\_\_\_\_

**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.**