

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

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

24024
Do not use this space.

AUG 11 1939

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1003

6297

1. PLACE OF DEATH

(a) County | Registration District No.
(b) Township | Primary Registration District No.
(c) City St. Louis Missouri (d) Street No. Missouri Pacific Hospital Registered No.
(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. da.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME JOSEPH BERNARD OTTO 3rd

(a) Residence, No. 412 WALNUT St. WR JEFFERSON CITY - Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. R. R.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Otto

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

MOTHER 15. MAIDEN NAME Anna Motschenbach

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

17. INFORMANT Missouri Pacific Hospital
(ADDRESS) 1755 South Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City DATE 7/15/39

19. FUNERAL DIRECTOR Robert J. Ambruster
(ADDRESS) Clayton Rd. at Concordia Lane.

20. FILED JUL 17 1939
J. F. Bredich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/8/39, 1939, to 7/15/39, 1939

I last saw him alive on 7/15/39, 1939. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Cirrhosis of Liver
Chronic alcoholism
Cardiac Decompensation

Date of onset

Other contributory causes of importance: Chronic alcoholism

Name of operation..... 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?..... 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) C. M. Bredich, M. D.

(Address) Mo Pac Hospital

4679

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STATEMENT BY LICENSED EMBALMER

Edward H. Beckford Licensed Embalmer No. 2502

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 *Edward H. Beckford*

Licensed Embalmer No. 2502

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.)