

REC'D SEP 19 1939

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

28950  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township Jefferson Primary Registration District No. 3014  
(c) City Jefferson City, Mo. (d) Street No. 412 Walnut Street 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 Anna Mary Otto

(a) Residence, No. 412 Walnut Street St.  (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 Frank Otto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Jefferson City, Mo.

FATHER 13. NAME George Motschenbach

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

MOTHER 15. MAIDEN NAME Mary Ann Siefert

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

17. INFORMANT (ADDRESS) Carl Otto  
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 9/4/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs  
Jefferson City, Mo.

20. FILED 9/6/1939 Subsequent to  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/2/39

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1938 to Sept. 2nd, 1939

I last saw her alive on Sept. 2nd, 1939 Death is said to have occurred on the date stated above, at 6 A. m.

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

Lobar Pneumonia

Other contributory causes of importance:  
Chronic Myocarditis

Date of onset  
Aug. 30th  
1939

Nov. 1938

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) James Howard, M. D.  
(Address) Jefferson City, Missouri

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.

1 X1663

**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 *John F. Henrichs*.....

Licensed Embalmer No. 3655.....

P. O. Address Jefferson City, Mo......

**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.**