

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo. /
 (b) City or town St. Louis Mo. /
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution We Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days.
 (Specify whether
 In this community Yip
 years, months or days)

3. (a) PRINT FULL NAME EMMA OTTO. 3rd3. (b) If veteran, name war - 3. (c) Social Security No. -4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Henry C. Otto 6. (c) Age of husband or wife if alive 69 years7. Birth date of deceased May 6
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 3 29 hr. 1 min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation at home11. Industry or business 612. Name Henry Fammers13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Anna15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature H.C. Otto(b) Address 4544 Geraldine17. (a) Burial (b) Date thereof Sept. 8 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Bethel18. (a) Signature of funeral director Queenie James(b) Address 1736 W. Fourth19. (a) SEP 6 1939
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4544 Geraldine 7
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. Yip in U.S. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th
year 1939 hour 5:30 minute a. M.21. I hereby certify that I attended the deceased from Aug. 15, 1939, to Sept 5, 1939;
that I last saw her alive on Sept. 4, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Chc Myocarditis Duration 2-3Due to arterial hypertensionDue to arterial hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations noneOf autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? home
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
noWhile at work? no (Specify type of place) (e) Means of injury !23. Signature W. J. Chumacker (M. D. or other) M.D.Address 2981 Thrush Date signed 9-5-39

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..... *Geoffrey*
Licensed Embalmer No. *3737*
P. O. Address. *1936 St. Louis Ave.*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30640
Do not use this space.

Registered No. 7703

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township St Louis..... Primary Registration District No. 1003
(c) City..... (d) Street No..... 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

Emma Otto
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 29

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/21/34 19 J. F. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19..... Death is said to have occurred on the day stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify..... (Signed) C. J. Schwaegerl, M. D.

(Address) 4901 Central

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-30640