

No. 2
-13-40
-17-39
X23157

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1824 N. Taylor Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie Otey

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Otey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unavailable abt. 1879
(Month) (Day) (Year)

8. AGE: Years abt. 61 Months Days If less than one day hr. min.

9. Birthplace Nashville / Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Unknown--Bryant

13. Birthplace " / Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Unknown

15. Birthplace Unknown / Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Maul

(b) Address 4441a Page Blvd.

17. (a) Burial (b) Date thereof Jan. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Oates

(b) Address 4107-09 Finney Ave.

19. (a) JAN 19 1941 (b) J. F. Brudeck
(Date of burial or cremation) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 1824 N. Taylor Avenue 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16,
year 1941 hour 2 minute 15p M.

21. I hereby certify that I attended the deceased from 12, 2nd
....., 1940 to January 16, 1941
that I last saw her alive on January 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death trauma
poison

Due to Acute Nephritis
following chf nephritis
Due to and infection of
decayed teeth.
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131
Of autopsy.....

Duration
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).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Wm L Perry (M. D. or other)
Address 4452 Kennerly Ave. Date signed.....

STATEMENT BY LICENSED EMBALMER

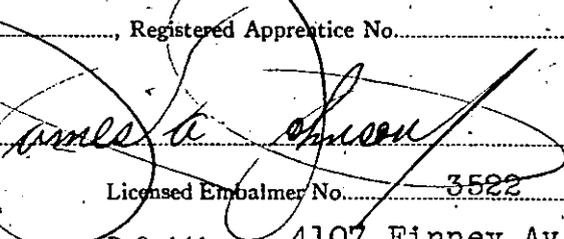
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed



.....
Licensed Embalmer No..... 3522

.....
P. O. Address 4107 Finney 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, fact should be so stated above.