

S. No. 2  
M-2-43  
7-5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8356

FILED MAR 6 1944  
Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 296

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 2215 S 10th St.  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME OSCAR H OTTO

3. (b) If veteran, name war —

3. (c) Social Security No. 490-26-5687

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 3 Widowed

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

7. Birth date of deceased July 27 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 6 27 hr. min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER { 12. Name Herman Otto

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Otto

(b) Address 3919 Shenandoah St

17. (a) Burial (b) Date thereof Feb 25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director Shrockites & Son

(b) Address 2906 Gravois Ave.

19. (a) FEB 25 1944 (b) E. B. Mc Clary, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
year 1944 hour 5:28 minute A. M.

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death When struck by a Burlington freight train while sitting on a rail.

Due to Crushing injury of the head, chest and abdomen.

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy Yes. 169-6 170

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) Accident. 096

(b) Date of occurrence Feb. 23, 1944

(c) Where did injury occur? Spanish Lake Station.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place.

While at work?.....  
(Specify type of place) (e) Means of injury 5

23. Signature H. S. Creyfigle Deputy Coroner  
(M. D. or other)

Address Kirkwood, Mo. 2-24-44 Date signed.....

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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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *David Van Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Garrison 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.**