

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1944
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

29690
State File No. 7652
Registrar's No.

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
42 Years In St Louis (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Fred Ott Sr
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Elizabeth Ott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 28 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 7 hr. _____ min.

9. Birthplace Hungary X
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business _____

12. Name Frank Ott 0

13. Birthplace Hungary 0
(City, town, or county) (State or foreign country)

14. Maiden name Lena Ludwig 0

15. Birthplace Hungary 0
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Ott Jr.
(b) Address 1907 Withnell St.

17. (a) Burial (b) Date thereof Sept 7th 14
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Thoroldus & Son
(b) Address 2906 Gravois Ave.

19. (a) SEP 5 1944 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mad
(c) City or town St Louis 17/24
(If outside city or town limits, write "RURAL") 90/24
(d) Street No. 1930 Arsenal St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1944 hour 1 30 P.M. minute _____ 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 Subdural Hemorrhage Duration _____
of Brain within reach of a
fall at Anderson Beach
Brewery or Due to Natural
Causes could not be determined.
fall happened Sept 4 1944
at 2nd building
Other conditions _____
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
24

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) Open Winded
(b) Date of occurrence Sept 4 1944 000
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Exclusively

23. Signature Alfred J. Perry (M. D. or other) _____
Date signed 9/5/44

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906 Mainville

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.