

No. 2
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5-17-39
X 47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2962**
Registrar's No. **1098**

FILED FEB 10 1947

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry W. Otto
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta M. Otto nee Etz 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 20, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 10 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____
12. Name August Otto
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Stromberg
15. Birthplace At sea
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Augusta M. Otto
(b) Address 4554 Red Bud Ave

17. (a) Burial (b) Date thereof 2/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) FEB 2 1947 (b) J. J. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4554 Red Bud Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1947 hour 8:00 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from June 10
1946 to Jan. 30, 1947
that I last saw him alive on Jan 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____
(e) Means of injury _____
Signature J. J. Bredebeck (M. D. or other) _____
Address 2807 N. 2nd St. Date signed 1/31/47

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

MOTHER FATHER

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.....

Harold G. Burnley
.....
Licensed Embalmer No. *42021*
.....

P. O. Address.....

H. P. Jones, Inc.
.....

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.