

No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3354

FILED JAN 16 1947

Registration District No. 37

Primary Registration District No. 3063

Registrar's No. 40

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY
(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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS 7 HRS.
(Specify whether
In this community 43 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County
(c) City or town OLIVETTE
(If outside city or town limits, write "RURAL")
(d) Street No. 9706 OLD BONHOMME
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUIS J. OTTERMANN

3. (b) If veteran, name war WORLD WAR #1
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GLADYS OTTERMANN
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased OCTOBER 21 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 16 7 hr. min.

9. Birthplace ST. LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER
12. Name FRED OTTERMANN
13. Birthplace HAMBURG GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name SOPHIE SCHILLING
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant GLADYS OTTERMANN

(b) Address 9706 OLD BONHOMME, OLIVETTE

17. (a) Burial (b) Date thereof 1-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director Blainman Broedel

(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) 1-11-47 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 7 year 1947 hour 7 minute
A. M. P. M.

21. I hereby certify that I attended the deceased from DECEMBER 30 1946, to JANUARY 7, 1947

that I last saw him alive on JANUARY 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death subacute glomerulonephritis & hypertension C. V. disease

Due to

Due to 932

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy see above

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

(c) 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 Ther. Hoff, MD (M. D. or other) 1-7-47

Address ST. LOUIS COUNTY HOSP. Date signed

Duration
Underline the cause to which death should be charged statistically.

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

JAN 23 1947

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 K. Braun
Licensed Embalmer No. 4337
P. O. Address Cleveland

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.