S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29387

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7932

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: DePaul Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether

In this community 1 Month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 703 A Baden Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bertha Ottersbach

3. (b) If veteran, name war none

3. (c) Social Security No. none

Fe Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Erich Ottersbach

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. (Month) 19 (Day) 1884 (Year)

8. AGE: Years 68 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Henry Becke
13. Birthplace Carralton (City, town, or county) Neb. (State or foreign country)

MOTHER
14. Maiden name Mary Lange
15. Birthplace Quincey (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Erich Ottersbach

(b) Address 703 a Baden Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date there Aug. 22 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) (Date received local registrar) AUG 21 1947 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1947 hour 7-15 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 1947, to Aug. 20th 1947 that I last saw her alive on Aug. 19th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	1 day
Due to: Hypertension.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. B. Lavan (M. D. or other) MD

Address Humboldt Bldg. St. Louis Date signed 8/21/47

Jefferson City Printing Co. AUG 21 1947

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.