

3. No. 2  
-12-45  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38999  
State File No. \_\_\_\_\_  
Registrar's No. 2635

Registration District No. 377

Primary Registration District No. 6876

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Baden Station  
(c) Name of hospital or institution: Halls Ferry Memorial Home 4  
(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:  
(a) State Missouri (b) County Iron  
(c) City or town Arcadia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Leonard Ott  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month 11 day 8 year 1948 hour 8 minute 30 A-M.  
21. I hereby certify that I attended the deceased from 26 1948 to Nov 11 1948  
that I last saw him alive on Nov 11 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death endo-carditis

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Caroline Ott  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 17 1857  
(Month) (Day) (Year)

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
91 7 22 hr. min.

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Mueller  
(b) Address Arcadia, Missouri

17. (a) Burial (b) Date thereof 11-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) 11-12-48 (b) Conrad G. [Signature]  
(Date received local Registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
3. Signature M. S. [Signature] (M. D. or other) \_\_\_\_\_  
Address Central Trust Bldg. Date signed 11-9-48

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

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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.....

*Frank J. Ryland*

Licensed Embalmer No. *2645*

P. O. Address *St Louis Mo*

**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.**