

35050

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 15 1955

318

1003

Registrar's No. 9478

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospital**

e. STREET ADDRESS (If rural, give location) **4509 Gibson Ave. 21870**

3. NAME OF DECEASED
a. (First) **Mattie** b. (Middle) **E.** c. (Last) **Ottman**

4. DATE OF DEATH (Month) (Day) (Year) **Oct. 30, 1955**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Nov. 11, 1886**

9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **Pilot Knob, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Alfred Proffitt**

13b. MOTHER'S MAIDEN NAME **Elizabeth Davis**

14. NAME OF HUSBAND OR WIFE **Joseph C. Ottman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Charles A. Ottman, 6327a Vermont**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized Atherosclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 days**
years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **331x**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **24 Oct, 1955**, to **30 Oct, 1955**, that I last saw the deceased alive on **30 Oct, 1955**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Henry W. G. [Signature]**

23b. ADDRESS **4509 Manchester**

23c. DATE SIGNED **31 Oct 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **10-31-55**

24c. NAME OF CEMETERY OR CREMATORY **Middlebrook**

24d. LOCATION (City, town, or county) (State) **Middlebrook, Mo.**

DATE REC'D BY LOCAL REG. **OCT 31 1955**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Denne*.....
Licensed Embalmer No. *41*.....
P. O. Address *St. La*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.