MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38955

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. Mo Baptist Sant. St. ..... Ward)

File No.....

Registered No. 11624

2. FULL NAME Leo Ottigen

(a) Residence. No. Fenton Mo St., 12 Ward. Fenton Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1-1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	14	8	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Otto Ottigen

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Lisa Weber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Switzerland

14. INFORMANT Otto Ottigen
(Address) Fenton Mo

15. NOV 29 1928 FILED ..... 19.. Max E Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1928, to Nov 28, 1928, that I last saw him alive on Nov 28, 1928, and that death occurred, on the date stated above, at 11.25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

19B Cerebro Spinal Meningitis

19A

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Injected Serum

(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED Fell on Jump Falling
IF NOT AT PLACE OF DEATH Fenton Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF Accident
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) John C Braun, M. D
, 19 (Address) 2945 Franklin Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul's Cem. Fenton Mo

DATE OF BURIAL Dec. 1 1928

20. UNDERTAKER Koch Und.

ADDRESS Fenton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INKS—THIS IS A PERMANENT RECORD

Hoch Und
Benton Ind