

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

Do not use this space.

3595

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 5373 Odell Ave.)

Registration District No. 791
Primary Registration District No. 1005

File No.
Registered No. 827
St. Ward)

2. FULL NAME Joe Ottelini

(a) Residence. No. 5373 Odell St. 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9th. 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 4 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
(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

10. NAME OF FATHER Joe Ottellini

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

12. MAIDEN NAME OF MOTHER Amanda Bert

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

14. INFORMANT Joe Ottellini (Address) 5373 Odell

15. FILED Jan 21 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1931, to Jan 20 1931; that I last saw him alive on Jan 20 1931, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branchial Pneumonia
Secondary
7 (duration) yrs. mos. ds.

CONTRIBUTORY Measles (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. Soren M. D.

Mr. Soren (Address) 315 S. Grand

*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. Matthew's Cem. DATE OF BURIAL Jan 22 1931

20. UNDERTAKER Paul E. Calcaterra ADDRESS 1921 Cooper St

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.

