

FILED SEP 1 1942 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7038

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3503rd Indiana Av. 1
(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 MO. (b) County 000
(c) City or town ST. LOUIS 24 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 3503rd Indiana Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

William F. Oetting

3. (b) If veteran, name war 70. 3. (c) Social Security No. 70.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Oetting 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 1, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Ferdinand Oetting #
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Louise Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Oetting
(b) Address 3503rd Indiana Av.

17. (a) Burial (b) Date thereof 8-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation n. St. Marcys Cem.

18. (a) Signature of funeral director Wm Bro. L & Nea

(b) Address 2929 S. Jefferson Av.

19. (a) AUG 2 1942 (b) J. P. Budack
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1942 hour 9 minute 10 a. M.

21. I hereby certify that I attended the deceased from Nov. 25, 1941 to Aug. 21, 1942
that I last saw him (alive) on Aug. 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis 3 yrs

Due to _____
Due to 97

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature J. P. Keaton (M. D. or other) _____
Address 3530 S. Jefferson Date signed 8-21-42

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

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 Paul A. Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Paul A. Shanklin
Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson

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.