

FILED JUL 21 1944
77

State File No.
Registrar's No. 149

Registration District No. Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 216 - Cedar Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 4
(If outside city or town limits, write "RURAL")
(d) Street No. 216 - Cedar Cedar
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Fredrick Oetting
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27
year 1944 hour 8 minute 05 a.m.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1 years

21. I hereby certify that I attended the deceased from March 28 1943 to June 27 1944
that I last saw him alive on June 26 1944
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Duration

7. Birth date of deceased Jan. 1 1903
(Month) (Day) (Year)

Uremic poisoning 48 hrs
Due to chronic nephritis
Due to retention of N

8. AGE: Years 39 Months 5 Days 26 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: N.P.N. 200 mgms
Of operations
Of autopsy:
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Warren County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Employed in cafe
11. Industry or business

MOTHER FATHER {
12. Name Julius Oetting
13. Birthplace Warren County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Richmann
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Ms. Anna Oetting
(b) Address 216 - Cedar
17. (a) Burial (b) Date thereof June 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pyramid
18. (a) Signature of funeral director James Sewick
(b) Address 709 Jefferson
19. (a) 6-29-44 (b) Martha Richter
(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
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. Oleson (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 6/28/44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-20-44.....

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 *F. Anderson*.....

Licensed Embalmer No. 3641.....

P. O. Address *gmo.*.....

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.