

FILED JAN 15 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11321**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 22 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5318 Janet Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Seth Otto, Sr

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

4. Sex 0 M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 9 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Carmi Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Fireman

11. Industry or business Christian Board Pub Co

MOTHER FATHER

12. Name Jacob Otto

13. Birthplace Harrison Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Hargrave

15. Birthplace Carmi Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Edna H Otto

(b) Address 1813 N 21st St E St Louis Ill

17. (a) Burial (b) Date thereof Jan 3 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1986 St Louis Avenue

19. (a) JAN 9 1945 (b) J. Z. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-31-44 day _____
 year _____ hour 7:11 p.m. minute _____ M. _____

21. I hereby certify that I attended the deceased from 12-25-44, 19____, to 12-31-44, 19____;
 that I last saw h im alive on 12-31-44, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of coronary artery and cerebral hemorrhage
 Due to Arteriosclerosis

Other conditions Pericarditis, Bilateral Broncho-pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy Confirmed diagnosis given above

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature G O Brown (M. D. or other) M.D.
 Address 1325 S. Grand Blvd Date signed 1/1/45

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

20
17
9

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.....

Licensed Embalmer No..... 3737

P. O. Address..... 1936 Stearns Ave

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.