

**FILED JUN 19 1945**  
**318**

**1003**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **5131**

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: **CITY 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1734 WASHINGTON BL.**  
(If rural, give location)  
(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **DANIEL A. OTTENHEIMER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **LILY** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JAN. 7th 1874**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **HRK.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AUCTIONEER**

11. Industry or business **MO. FURNITURE & HVCT. Co**

12. Name **ABE OTTENHEIMER**

13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN.**  
(City, town, or county) (State or foreign country)

15. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ms. Jacqueline Jackson**

(b) Address **5207 Kensington Ave.**

17. (a) **BURIAL** (b) Date thereof **JUNE 12 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK GROVE CEM.**

18. (a) Signature of funeral director **Miller**

(b) Address **516 S. Delmar Bl.**

19. (a) **JUN 11 1945** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **8th** year **1945** hour **11** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **March 7**, 19**35**, to **June 11**, 19**45**, that I last saw him alive on **June 11**, 19**45**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery disease** Duration **10 years**

Due to **arterio sclerosis many years.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
23. Signature **Frank Magdon** (M. D. or other) **MD**  
Address **520 W. 17th St.** Date signed **6-10-45**

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

20  
17  
9

MOTHER FATHER

**JUN 11 1945**

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 *H. G. Farris*  
Licensed Embalmer No. *3384*  
P. O. Address *St. Louis*

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.