. S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40044

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 10587

1. PLACE OF DEATH:
(a) County: St Louis Mo
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2121 Walnut (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: St Louis
(c) City or town: St Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2121 Walnut St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Otterbridge
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: MALE
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Unknown
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Unk Feb 28 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 13 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: Loaner
11. Industry or business: Terminal Railroad
FATHER 12. Name: Jerry Otterbridge
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Terminal Railroad Ass.
(b) Address: St. Louis, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: GREENWOOD CEM
18. (a) Signature of funeral director: F. G. Gilroy
(b) Address: 4214 Delmar Blvd
19. (a) NOV 18 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1947 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Fracture Burns over entire Body suffered when deceased fell asleep in bed room while smoking pipe causing his clothes and bed clothing to become ignited Nov. 11th 1947 at home 4 P.M.

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

Major findings of operations:

Of autopsy:

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Nov 11 1947
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: Burns
23. Signature: Patrick E Taylor (M.D. or Coroner) Deputy Coroner
Address: 1300 Clark Date signed: 11-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Guyton H. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed G. A. Green

Licensed Embalmer No. 7963

P. O. Address 4214 Delmar Blvd

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.