

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42832**
11176

DATE OF DEATH **JAN 7 1950**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY Missouri	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marion Hospital-3306S.13thSt.		d. STREET ADDRESS (If rural, give location) 23 2718 Mc Nair Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Bruno	b. (Middle)	c. (Last) Otten	4. DATE OF DEATH (Month) (Day) (Year) December 27, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 20, 1889	9. AGE (In years - last birthday) 60	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 7	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler	10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (State or foreign country) Milstadt, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry A.W. Otten	13b. MOTHER'S MAIDEN NAME Louise Koerber	14. NAME OF HUSBAND OR WIFE Minnie Otten
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 494-10-9009	17. INFORMANT'S SIGNATURE OR NAME Minnie Otten	ADDRESS 2718 Mc Nair Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid		1949
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardial disease DUE TO (c) Broncho pneumonia Pulmonary embolus.		? 12-25-49
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12-16-49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H62
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X
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22. I hereby certify that I attended the deceased from **12-1, 1949**, to **12-27, 1949**, that I last saw the deceased alive on **12-27, 1949**, and that death occurred at **12, Noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oley J. Jones M.D.	23b. ADDRESS 3616 S. Beverly, St. Louis	23c. DATE SIGNED 12-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/30/49	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. DEC 28 1949	REGISTRAR'S SIGNATURE J. Blunt	25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons	ADDRESS 2630 Gravois Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.