

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 13911
Registrar's No. 3229

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI)		c. LENGTH OF STAY (In this place) 79 yrs		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				e. STREET ADDRESS (If rural, give location) 24 3221a OHIO AVE.					
3. NAME OF DECEASED (Type or Print) a. (First) CHRIST b. (Middle) A. c. (Last) OTTINGER			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1954						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 22, 1905			
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant butcher		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY retail meat market		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME AUGUST OTTINGER			13b. MOTHER'S MAIDEN NAME MINNIE CHALLY			14. NAME OF HUSBAND OR WIFE ESTHER WOHLSCHBAEGER OTTINGER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-05-8845		17. INFORMANT'S SIGNATURE OR NAME Esther Ottinger		ADDRESS 3221a Ohio Avenue			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation ANTECEDENT CAUSES DUE TO (b) Coronary arterosclerosis DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 4/8/54		19b. MAJOR FINDINGS OF OPERATION Right inguinal hernia direct				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 560.0					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 3/23/1954 , to 4/8/1954 , that I last saw the deceased alive on 4/8, 1954 , and that death occurred at 12:15 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (I, Dr. H. H. H. H.)				23b. ADDRESS 3606 Groves Av. H-17		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE April 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. APR 10 1954		REGISTRAR'S SIGNATURE J. Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis Ave.					

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

Dr. J. Lewis Hutton
3606 Gravois Ave.

1 pm.
PR 6 - 0568

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 _____
Signature of Student Embalmer

Signed David Russell

Licensed Embalmer No. 45

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.