No. 300
10.48

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2920

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 238

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 21 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐

e. STREET ADDRESS (If rural, give location): 14 5046 Pernod 2140

3. NAME OF DECEASED (Type or Print): a. (First) BERNARD b. (Middle) J. c. (Last) OTTO

4. DATE OF DEATH (Month) (Day) (Year): Jan.7,1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nev.Marr.

8. DATE OF BIRTH: June 3,1934

9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Service Station

11. BIRTHPLACE (City and State or Foreign Country): St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Clifford Otto

13b. MOTHER'S MAIDEN NAME: Frieda Lazar

14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ~~491-38-4674~~

16. SOCIAL SECURITY NO.: 491-38-4674

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs.Frieda Otto 5046 Pernod

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (a) Fracture dislocation of 1st on 2nd cervicle vertabrae with transection of cord

ANTECEDENT CAUSES: suffered when car operated by deceased

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) went out of control and struck an embankment in the vicinity

DUE TO (c) of Sublette and Arthur Avenues about 1:50 A.M., January 7,1956.

II. OTHER SIGNIFICANT CONDITIONS: ACCIDENT.

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 8234 32

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 7 56 1A.50 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ooo

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2:00A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 1. 9. 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem.

24b. DATE: 1/7/56

24c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha

24d. LOCATION (City, town, or county) (State): University City,Mo.

DATE REC'D BY LOCAL REG.: JAN 9 1956

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Berger Memorial 47155McPherson

E.P. (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..422

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.