

FILED MAY 27 1957

STATE FILE NUMBER
4512

Registration District No. 318 Primary Registration District No. 1003

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Length of stay in lb 2 Hours		d. STREET ADDRESS 245 Union Bl'vd.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last OTTO HARTING				4. DATE OF DEATH Month Day Year 5 10 1957					
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 5, 1878		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min. 4 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer - Terminal RR Assc.			10b. KIND OF BUSINESS OR INDUSTRY Terminal RR Assc.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Edward Harting				14. MOTHER'S MAIDEN NAME Louise UNK					
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. None		17. INFORMANT Address Mrs. Carrie R. Harting 245 Union Blvd.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures of Head and body suffered when deceased jumped from the 10th floor to fire escape below at Missouri Athletic Club, May 10th DUE TO (b) body suffered when deceased jumped from the 10th floor DUE TO (c) jumped from the 10th floor to fire escape below at Missouri Athletic Club, May 10th PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) to fire escape below at Missouri Athletic Club, May 10th INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Missouri Athletic Club, May 10th							
20c. TIME OF INJURY Hour Month, Day, Year a. m. 5 10 57 1957 p. m.		E978x							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Club 25		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1235h m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner 3				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5.10.57			
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 5-11-57	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons-7233 Delmar				25. DATE RECD. BY LOCAL REG. MAY 11 '57		26. REGISTRAR'S SIGNATURE Carl Smith Mo m&B			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 11 1957

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

Not Embalmed

Signed *John J. Lupton*
.....

Licensed Embalmer No.

P. O. Address *St. Louis*
.....

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