

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015514

STATE FILE NUMBER

2 4222

FILED MAY 12 1959

Registration District No.

Primary Registration District No.

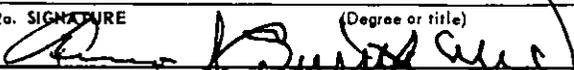
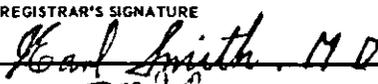
Registrar's No.

5. 300
1-57

576

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

-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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parklane Hospital,		Length of stay in 1b	d. STREET ADDRESS 5523 Pennsylvania Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Amelia Middle Last Ottenad			4. DATE OF DEATH Month April Day 29, Year 1959
5. SEX Female.	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 July 30, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder		10b. KIND OF BUSINESS OR INDUSTRY Retired 4 Years,	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Kopp,		13b. MOTHER'S MAIDEN NAME Mary Benz,	
14. NAME OF HUSBAND OR WIFE Walter W. Ottenad,		17. INFORMANT Address Walter W. Ottenad, 5523 Pennsylvania Ave.,	
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. 498-36-3544	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-15-59 , to 4-29-59 and last saw ^{her} _{him} alive on 4-29-59 Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE 		22b. ADDRESS 1930 Lindell Blvd. St. Louis, Mo.	
22c. DATE SIGNED 4-29-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23b. DATE 5/1/59	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri,	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		25. DATE RECD. BY LOCAL REG. APR 30 '59	
ADDRESS 2842 Meramec St., St. Louis, 18, Mo.		26. REGISTRAR'S SIGNATURE 	

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joe S. Benz.....

Licensed Embalmer No. 1249.....
2842 Meramec St.
P. O. Address..... St. Louis, Mo.

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.