

DED

1. PLACE OF DEATH a. COUNTY <i>NIL</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		c. CITY OR TOWN <i>ST LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis City Hosp. #1</i>		d. STREET ADDRESS <i>R.R. Y.M.C.A. 201 So. 20th St</i>	

3. NAME OF DECEASED (Type or print) First <i>Otto</i> Middle <i>ODDEHON</i> Last <i>Oddenhon</i>			4. DATE OF DEATH Month <i>August</i> Day <i>16</i> Year <i>1959</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-31-1878</i>	9. AGE (last birthday) <i>80</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>15</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER - LEADER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>?</i>		11. BIRTHPLACE (City and state or country) <i>KANSAS</i>	

13a. FATHER'S NAME <i>Sven Oddehon</i>		13b. MOTHER'S MAIDEN NAME <i>?</i>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT <i>Wayne Watkins</i> Address <i>201 So. 20th St. Louis Mo</i> <i>Mgr. R.R. Y.M.C.A.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>			
DUE TO (b) <i>Atherosclerotic Coronary Thrombosis</i>			
DUE TO (c) <i>420.1</i>			<i>3 days</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 16.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

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.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from *August 2, 1959* to *Aug. 16, 1959* and last saw her/him alive on *August 16, 1959*  
 Death occurred at *8:30* p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Chris W. Strigich M.D.</i> (Degree or title)	22b. ADDRESS <i>1515 Lafayette Ave.</i>	22c. DATE SIGNED _____
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>	23b. DATE _____	23c. NAME OF CEMETERY OR CREMATORY <i>OAK GROVE CREMATORY</i>	23d. LOCATION (City, town, or county) (State) <i>ST LOUIS Co, Mo</i>
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24. FUNERAL DIRECTOR <i>MITTELBERG</i>	ADDRESS <i>Whester Groves Mo</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 2 1959</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey Hatcher

Licensed Embalmer No. 4596

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.