

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 6 3 0 9

FILED VS. JAN. 4 1960

817

Primary Registration District No. 548

Registrar's No. 3404

STATE FILE NUMBER

ENDED

|   |  |   |   |   |   |  |   |
|---|--|---|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Webster Groves</b>  |  | Length of stay in lb<br><b>At home</b>  |   | c. CITY OR TOWN <b>Webster Groves</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>510 Lake</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>510 Lake</b>  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>EZRA</b> Middle <b>T.</b> Last <b>OFTELIE</b>  |  |   |   | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>20,</b> Year <b>1959</b>   |   |  |   |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>11-24-78</b>   | 9. AGE (last birthday)<br><b>81</b>                                   | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Am. Seating Co.</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Stoughton, Wisc.</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>Torger Otelie</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Esther Wettleson</b>  |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Hazel Blann Otelie</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>488-05-3395A</b>  |   | 17. INFORMANT<br>Address<br><b>Mrs. Vera Cuno, 510 Lake</b>   |   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>                                     |  |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 months</b>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br><del>XXXX</del> (b) <b>Chronic Pyelocystitis</b>  |  |   |   |   |   |  | <b>20 years</b>   |
| <del>XXXX</del> (c) <b>Intestinal obstruction, incomplete. (Exact cause unknown.)</b>   |  |   |   |   |   |  | <b>2 months</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Severe injury to cervical spinal cord, due to accident, 1939.</b> |  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" 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 18.)<br><b>Automobile accident.</b> |   |   |  |   |
| 20c. TIME OF INJURY<br>Hour <b>7-3-39</b><br>a.m. p.m.  | Month, Day, Year   |   |   |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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<br><b>Ashley,</b>  |   | COUNTY<br><b>Illinois</b>  | STATE   |
| 21. I attended the deceased from <b>1939</b> to <b>Dec. 20, 1959</b> and last saw <del>her</del> him alive on <b>12-7-59</b>  |  |   |   | Death occurred at <b>10:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.                  |   |  |   |
| 22a. SIGNATURE<br><i>H.A. Aldrich, M.D.</i><br>(Degree or title)  |  |   | 22b. ADDRESS<br><b>19 E. Lockwood Ave., Webster Groves 19, Missouri.</b>  |   |   | 22c. DATE SIGNED<br><b>12-21-59</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>12-23-59</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Town of Maine Cem.</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Park Ridge, Ill.</b>      |  | (State)   |
| 24. FUNERAL DIRECTOR<br><b>Parker-Aldrich, Webster Groves</b>   |  |   | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>12-21-59</b>   |   | 26. REGISTRAR'S SIGNATURE<br><i>John A. Murphy, M.D.</i>   |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS  
AUG 11 1960

JAN 31 1961

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 \_\_\_\_\_, the latter being a student working under my personal supervision.

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

Signed Lester Welch

Licensed Embalmer No. 4395  
P. O. Address Wabster Gro

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.