

2  
-40  
39  
123159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7996**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**5580 Floy Ave**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **8 months**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Christ Ottensmeyer**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **322-03-8516**

4. Sex **male** race **white**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Oct. 21, 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>11</b>	<b>2</b>	..... hr. .... min.

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Packer, Nat'l Biscuit Co.**

11. Industry or business **Retired**

MOTHER FATHER

12. Name **William Ottensmeyer**

13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Zigler**

15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Wobbe**

(b) Address **5580 Floy Ave**

17. (a) **Burial** (b) Date thereof **Sept 26, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Charles J. ...**

(b) Address **2228 St. Louis Ave**

19. (a) **SEP 25 1940** (b) **J. B. ...**  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5580 Floy Ave**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23rd** year **1940** hour **2:45** minute **10** P.M.

21. I hereby certify that I attended the deceased from **Jan 20 1940** to **Sept 23rd 1940**; that I last saw him alive on **Sept 22nd 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart disease**

Due to **Gastric Ulcer**

Due to **Calculus**

Other conditions **Calculus**  
(Include pregnancy within 3 months of death)

Major findings: **Calculus**

Of operations: **Calculus**

Of autopsy: **Calculus**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **---**

(b) Date of occurrence **---**

(c) Where did injury occur? **---**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **---**

(Specify type of place)

While at work **---** (c) Means of injury **---**

23. Signature **W. T. Wilson M.D.** (M. D. or other) **---**

Address **5362 ... Ave** Date signed **9-24-40**

WRITE PLAINLY—USE 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 embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Charles J. Goodhart*

Licensed Embalmer No. *2777*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.