

FILED MAR 20 1944
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1003

Registrar's No. 2312

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brother's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7920 South Broadway,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANGELO OTTOLINE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Ottoline 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 8th 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 42 Days 0 If less than one day hr. min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

13. Birthplace 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Ottoline - Son

(b) Address 7920 South Broadway,

17. (a) Burial (b) Date thereof 3-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) MAR 9 1944 (Date received local registrar)
J. F. Budeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1944 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of hip sustained when he got his balance and fell from tree he was pruning in the yard 7907 Water st. Iller 20 1944 about 4:00 pm
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 186

Major findings: Of operations 37

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Mar 20 1945

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

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

(Specify type of place) White at work no (e) Means of injury fall

23. Signature Thomas F. Callahan (M. D. or other)

Address Deputy Coroner Date signed 3-9-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Louis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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