

S. No. 2  
 M-5-43  
 v. 5-17-39  
 I X36871

FILED FEB 10 1947  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Deaconess Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 3 1/2 weeks  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 4, Box 698, Baden Sta.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary M. Ottinger  
**3. (b) If veteran,** name war None **3. (c) Social Security** No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan. day 26th  
 year 1947 hour 10:05 PM minute \_\_\_\_\_ M.

**4. Sex** Female **5. Color or** White **6. (a) Single, widowed, married,** Single  
 race White divorced \_\_\_\_\_  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if**  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** July 15, 1914  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
31 Dec 1946 to 17 Jan. 1947  
 that I last saw her alive on 17 Jan 1947  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
32 6 11 hr. min.

Immediate cause of death Cerebral Embolism Duration 5 da.

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

Due to Arterial Sclerosis 1 yr.

**10. Usual occupation** At home

Due to Rheumatic valvular 16 yr.  
Heart disease

**11. Industry or business** \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**MOTHER FATHER**  
**12. Name** Earl E. Ottinger  
**13. Birthplace** Whitestown Ind.  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Ruth Harman  
**15. Birthplace** Springfield Mo.  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** Earl E. Ottinger  
**(b) Address** Route 4, Box 698, Baden Sta.  
**17. (a) Burial** 1/28/47  
 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
**(c) Place: burial or cremation** New Bethlehem Cemetery

**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?** \_\_\_\_\_

**18. (a) Signature of funeral director** Math Hermann & Son, Inc  
**(b) Address** 2161 East Fair Ave

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
**23. Signature** E. Mueller (M. D. or other)  
**Address** 634 N. Grand Blvd **Date signed** 1-27-47

**19. (a) JAN 27 1947** J. F. Bredeck  
 (Date received local registrar) (Registrar's signature)

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

APR 4 1947

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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