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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3067

State File No. 38936

Registrar's No. 2644

6
12
1

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Ladue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
34 Waverton Drive 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Ladue 12
(If outside city or town limits, write "RURAL")

(d) Street No.: 34 Waverton Drive 1
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Louis Herman Ottenad

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Grace Osburn 2/2/24

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: January (Month) 2 (Day) 1895 (Year)

8. AGE: Years 53 | Months 10 | Days 10 | If less than one day: ____ hr. 0 min.

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

10. Usual occupation: Gen'l Mgr. McCutcheon Printing

11. Industry or business: Ink Co.

FATHER
12. Name: Emil Ottenad
13. Birthplace: St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Mary Kohnen
15. Birthplace: St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Grace Osburn Ottenad
(b) Address: 34 Waverton Dr., Ladue 17, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Robert J. Ambruster, Inc.
(b) Address: Clayton Rd. at Concordia Lane

19. (a) 11-16-48 (Date received local registrar) (b) Gene C. Johnson M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1, 1948, 19__, to November 12, 1948, 19__; that I last saw him alive on November 12, 1948, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to: myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation
Of autopsy: No autopsy

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? ____ (e) Means of injury: 0

23. Signature: L. R. Garner M.D.
Address: 3724 Jennings Rd. Date signed: 11/13/48

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address.....

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.