

STANDARD CERTIFICATE OF DEATH

35797

FILED NOV 1 - 1954

State File No.

9544

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1421 Hogan St.		e. STREET ADDRESS (If rural, give location) 21 1421 Hogan St. 2219			
3. NAME OF DECEASED (Type or Print) Charles		a. (First) C.		b. (Middle) Otterson	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10/16/54			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH April 16 1915		9. AGE (In years last birthday) 39		10. IF UNDER 1 YEAR Days 6 IF UNDER 1 MIN. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Alfred C. Otterson		13b. MOTHER'S MAIDEN NAME Mattie Janice	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Hart		ADDRESS 3909 N. 25th St.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the stomach with DUE TO (c) in stasis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:40A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Catrick Taylor Cronley (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10.20.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/22/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemet. St. Louis Co.	
24d. LOCATION (City, town, or county) (State) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. Robert D. Finley		ADDRESS 2228 St. Louis Ave	
DATE REC'D BY LOCAL REGISTRY OCT 20 1954		REGISTRAR'S SIGNATURE Carl Smith			

WRITE PLAINLY—USING 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Will C. Drumm*

Licensed Embalmer No. *479*

P. O. Address *S. L. ...*

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.