

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43643

Registrar's No. 10968

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10968		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis,		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3683a So. Broadway,				e. STREET ADDRESS (If rural, give location) 2490 3683a So. Broadway,				
3. NAME OF DECEASED (Type or Print) a. (First) Emilia			b. (Middle) E.		c. (Last) Ottenad,		4. DATE OF DEATH (Month) (Day) (Year) November 28, 1956	
5. SEX Female.	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH February 5, 1865	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home,		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Michael Bousser,			13b. MOTHER'S MAIDEN NAME Mary Reaushea,		14. NAME OF HUSBAND OR WIFE John R. Ottenad, (dec'd).			
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 ADDRESS Walter W. Ottenad, 5523 Pennsylvania Ave.,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion ANTECEDENT CAUSES DUE TO (b) Heart Failure DUE TO (c) Arterio-Sclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 wk. ? ? yes	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4200					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from 11-25-1956 , to 11-28-1956 , that I last saw the deceased alive on 11-25-1956 , and that death occurred at 8:10 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Albert Kaplan M.D.				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 11-30-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 12/3/56		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, St. Louis, Mo.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. NOV 30 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St.,		ADDRESS St. Louis, 18, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe S. Benz

Licensed Embalmer No...4249.....
2842 Meramec S
P. O. Address St. Louis, 18;

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.