

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43644

State File No. ....

11830

FILED JAN 15 1957

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 <u>MO</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>56 years</u>		c. CITY OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>DePaul Hospital</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>C.</u> c. (Last) <u>OTTERSBACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct. 20, 1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medical Profession</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wahm, Germany</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Ottersbach</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Distegan</u>		
14. NAME OF HUSBAND OR WIFE <u>Daisy Ottersbach (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank J. Spaeth 6383 Smiley Avenue</u>						
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u> <u>Arterio-sclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 months 2 1/2</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		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 <u>Nov 25, 1956</u> , to <u>Dec 24, 1956</u> , that I last saw the deceased alive on <u>Dec 23, 1956</u> , and that death occurred at <u>2 30</u> p. m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Edward H. Roth M.D.</u>			23b. ADDRESS <u>2435 N. Grand Blvd</u>		23c. DATE SIGNED <u>12-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SUEDMEYER &amp; SON'S 3934 N. 20th Street.</u>				
DATE REC'D BY LOCAL REG. <u>DEC 26 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SUEDMEYER &amp; SON'S 3934 N. 20th Street.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

APR 15 1937

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 *Gustav W. Dietrich*

Licensed Embalmer No. *432*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.