

Typewriter  
by

CITY OF NEW ORLEANS  
STATE OF LOUISIANA  
CERTIFICATE OF DEATH

CITY  
FILE NO. 58 08047

BIRTH NO. \_\_\_\_\_

DATA ED	1a. Last Name of Deceased <b>OTT</b>		1b. First Name <b>MELVIN THOMAS</b>		1c. Second Name		2a. Month Day Year DATE OF DEATH: <b>11-21-58</b>		2b. <b>65</b> M.	
	3. Sex - <b>MALE</b>		4. Color or Race <b>WHITE</b>		5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6a. Name of Husband or Wife <b>MILDRED WATTIGNY</b>		6b. Age	
	7. Date of Birth of Deceased <b>MCH 2-1909</b>		8. Age of Deceased <b>49</b> Months <b>8</b> Day <b>19</b>		If under 24 Hrs. Hours Min.		9a. Birthplace (City and State) <b>GRETN, LA - U.S.A.</b>		9b. Citizen of what Country	
	10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <b>PLAYER + MGR. BASEBALL</b>			10b. Kind of Industry or Business			11. Was Deceased ever in U.S. Armed Forces? (Yes, no, or unknown) <b>NO</b>		11a. Social Security No.	

DEATH	12a. City, Town, or Location <b>NEW ORLEANS</b>		12b. Parish <b>ORLEANS</b>		12c. Length of Stay in this Place <b>26 YRS.</b>	
	12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) <b>LOURO INFIRMARY</b>				12e. Length of Stay in Hospital or Institution <b>20 HRS.</b>	

DENCE ED	13a. City or Town <b>METAIRIE</b>		13b. Parish <b>JEFF</b>		13c. State <b>LA</b>	
	13d. Street Address (If rural give location) <b>301 CEDAR DRIVE</b>		13e. Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		13f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	14a. Name of Father <b>CHARLES L. OTT</b>		14b. Birthplace of Father (City and State) <b>GRETN, LA</b>		14c. Maiden Name of Mother <b>KAROLINE MILLER GRETN, LA</b>	
	14d. Name of Mother		14e. Birthplace of Mother (City and State)		14f. Name of Informant <b>Charles E. Ott</b>	

S ON	I certify that the above stated information is true and correct to the best of my knowledge.		16a. Signature of Informant <i>Charles E. Ott</i>		16b. Date of Signature <b>11-21-58</b>	
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DEATH cause per ) and (c)	17. Part I. Death Was Caused By: Immediate Cause (a) <i>Multiple rib fractures. Bilateral fractures legs retrofractured + perivesicle hematoma</i>				Interval Between Onset and Death	
	Conditions, if any which gave rise to above cause (a), stating the underlying cause last.		Due to (b) <i>Pulmonary edema + Congestion.</i>			
			Due to (c)			
Part II. Other Significant Conditions Contributing to Death But Not Related to the Terminal Disease Condition Given in Part I (a) <i>Under Investigation.</i>				18. Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

E TO	19a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		19b. Describe How Injury Occurred (Enter nature of injury in Part D or Part II (b) (17.)) <i>Auto Fatality. Two Car Collision.</i>			
	19c. Time of Hour Month, Day, Year Injury a. m. <b>11-21-58</b> p. m.		19d. Place of Injury (e. g., in or about home, farm, factory, street office bldg., etc.) <i>Banker County, Miss.</i>			
	19e. Injury Occurred While At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		19f. City, Town, or Location		19g. Parish	

S ON	20. I certify that I attended the deceased From To		and that death occurred on the date and hour stated above.		21a. Signature of Physician <i>Dr. Medina</i>		21b. Date of Signature <b>11-22-58</b>	
	22a. Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Date Thereof <b>11/22/58</b>		22b. Name and Location of Cemetery <b>METAIRIE, N.O. LA</b>		23. Signature and Address of Funeral Director <b>P. J. McANULTON &amp; SONS INC</b> 4800 CANAL ST			
NSIT	24. Burial Transit Permit Number <b>52813</b>		25. Parish Seal Issued		26. Date of Issue <b>NOV 24 1958</b>		27. Signature of Deputy Registrar <i>John A. ...</i>	