

2360 APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1003

9233
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 1
(b) Township _____ Primary Registration District No. _____ Registered No. 2998
(c) City St. Louis, Mo. (d) Street No. Deaconess Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 352 Augusta Oetting,
7270 Winchester Drive, St. W Pasadena Hills & Home Co.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Oetting,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 7 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mascoutah, Ills.

FATHER 13. NAME Henry Zacheiss,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Eva K. Leibrock,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mascoutah, Ills.

17. INFORMANT (ADDRESS) John Oetting,
7270 Winchester Drive,

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory Mar. 31st 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und.
1417 N. Market Street.

20. FILED MAR 30 1939 J. B. Brubaker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1939

22. I HEREBY CERTIFY: March 28 1939
now 1929, to July 27, 1939

I last saw h. or. alive on March 28 1939 Death is said to have occurred on the date stated above, at 8:15 PM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Myocarditis
hypertension
Date of onset 2-24-39
Nov. 1929

Other contributory causes of importance: _____

Name of operation Special findings Date of _____
What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) Dr. Gustave Doherty, M. D.
(Address) 1702 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Eubank
1452 St. Louis
1/7

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 Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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, above space should be left blank.