V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23008

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6131

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1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 438 N. Sarah St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

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3. (a) PRINT FULL NAME George Paul Oth

3. (b) If veteran, name war No

3. (c) Social Security No. 498-16-5046

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Gertrude Oth

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec. 24, 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) O (State or foreign country)

10. Usual occupation Chauffeurs

11. Industry or business Yellow Cab Co.

FATHER
12. Name Casper Oth
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schneitter
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

16. (a) Informant Minnie Gertrude Oth
(b) Address 438 N. Sarah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. F. Vaschedag
(b) Address 2825 N. Grand Blvd.

19. (a) JUL 20 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1942 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from July 17, 1942 to July 18, 1942 that I last saw him alive on July 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	4 days
Pneumonia, bronchial	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cardiac failure	5 days

Major findings:
Of operations
Of autopsy Coronary occlusion pneumonia bronchial, cardiac failure

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. M. Charles (M. D. or other) MD
Address 632 Metropolitan Bldg Date signed 7-20-42

(Licensed Embalmer's Statement on Reverse Side)

N-130

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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, fact should be so stated above.