

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

25912
State File No. _____
7232
Registrar's No. _____

FILED AUG 15 1947
318
Registration District No. _____

Primary Registration District No. 1003

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

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: 3526 Giles Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3526 Giles Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Louisa Otten
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 2nd
year 1947 hour 10 minute 25 P. M.
21. I hereby certify that I attended the deceased from 2/17
19 47 or 8/2 19 47
that I last saw him or her alive on _____
and that death occurred on the date and hour stated above. Duration

4. Sex: female 5. Color or race: white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: June 26th, 1868
(Month) (Day) (Year)

Immediate cause of death: Acute dilatation of heart 5 min
Myocarditis, from chronic 6 mons
Due to: _____
Nephritis 6 mons
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
79 1 6 _____ hr. _____ min.

PHYSICIAN
Underline the cause of which death should be charged statistically.
Major findings: affected Sept. 10
Of operations: _____
Of autopsy: _____

9. Birthplace: Fayetteville Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation: home

11. Industry or business: _____
12. Name: Wendol Hartmann
13. Birthplace: Germany
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Edward Otten
(b) Address: 3526 Giles, St. Louis, Mo.
17. (a) Cremation (b) Date thereof: 8/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____
While at work _____ (Specify type of place) (e) Means of injury: _____
23. Signature: E. W. Simpson (M. D. or other) M.D.
Address: 3739 Gravois Date signed: 8/4/47

(c) Place: burial or cremation: Missouri Crematory
18. (a) Signature of funeral director: Hacker-Keller Co.
(b) Address: 3634 Gravois, St. Louis, Mo.
1947 (c) Registrar's signature: J. F. Bressak
(Date received by registrar) (Registrar's signature)

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.....

Frank J. Hyland
.....
Licensed Embalmer No. *2645*
P. O. Address *E. Lindero*

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.