

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 6 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 30521

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson Mo</u>	
c. LENGTH OF STAY (in this place) <u>13 DYS</u>		d. STREET ADDRESS (If rural, give location) <u>Fee Fee Rd + Woodland Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CTY. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>OTLEY</u>	a. (First)	b. (Middle)	c. (Last) <u>DOUGLAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 17 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-4-1901</u>	9. AGE (In years last birthday) <u>47</u>	10 UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	11 UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HUMANESOCIETY</u>	11. BIRTHPLACE (State or foreign country) <u>MARIANA ARIZ. I</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DUFUS DOUGLAS</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Kenneth Douglas</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-03-5036</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Douglas Robertson</u>	18. ADDRESS <u>Robertson</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial nephrosclerosis</u>			<u>?</u>
	DUE TO (c) <u>Hemipia, Renal cell carcinoma</u>			<u>1142N</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-4-1949, to 9-17-1949, that I last saw the deceased alive on 9-17-1949, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur E. Keigel M.D.</u>	23b. ADDRESS <u>6012 Beechwood Clayton</u>	23c. DATE SIGNED <u>9/20/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY. MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-21-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd</u>	ADDRESS <u>Boyd's Funeral Home S. Kimloch</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
2

CW-25

213

Quarried for possibility of
renal carcinoma
as direct cause.
Dr. answers in
negative.
RST
SL

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
Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4244

P. O. Address 4548² Page

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.