

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39609**
04539
Registrar's No.

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No.	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis MO			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		d. STREET ADDRESS (If rural, give location) 4890 Anderson Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 4890 Anderson Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) c. (Last) Predock			4. DATE OF DEATH (Month) (Day) (Year) November 27 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 11 1874	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 8 Days 16		IF UNDER 24 HRS. Hours 16 Min.		11. BIRTHPLACE (State or foreign country) South Point MO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Antoine Predock		13b. MOTHER'S MAIDEN NAME Georgiana Gay		14. NAME OF HUSBAND OR WIFE Margaretta E. Predock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaretta E. Predock 4860 Anderson Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis of Coronary arteries DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Hypertensive Cardio-vascular disease Gastro-enteritis causative organism					INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years 3 years 4 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION unknown					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1946 , to Nov. 27 1949 , that I last saw the deceased alive on Nov. 26 1949 , and that death occurred at 2:10 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. O. Brown, M.D. P.M.D.				23b. ADDRESS 1325 South Grand Blvd., St. Louis 4, Mo.		23c. DATE SIGNED 11/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE November 30 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. 11-29-49		REGISTRAR'S SIGNATURE Herbert R. Donko		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F Feutz 4828 Nat Bridge Bkvd			

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

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.

Signed John A. Merwin

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

Signed.....
Student Embalmer

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.