

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

1003

State File No. 25387
5743

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 4246 Gertrude 0			
3. NAME OF DECEASED (Type or Print) a. (First) OTT O D. WASCHER			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 7 - 2 - 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH 7-16-1878		9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bushelman		11. BIRTHPLACE (State or foreign country) Moravia 6	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ludmilla	
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. 492-01-2493		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sela Wascher, 4308 Wallace, St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 12 Hours		12. CITIZEN OF WHAT COUNTRY U.S.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		11/10/48 +	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 331X					
22. I hereby certify that I attended the deceased from 11/10 1948, to 7/2 1950, that I last saw the deceased alive on 6/14 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Bernard T. Koser (Degree or title) MD				23b. ADDRESS 4755 Maryland Road, St. Louis, Mo.		23c. DATE SIGNED 7/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/6/50		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 27 1950		REGISTRAR'S SIGNATURE J.P. Haanater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Kutei 2906 Garvin			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Wm C Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *4377*

P. O. Address *2405 Travis*

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.