

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26186

State File No.

FILED JUL 22 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6663

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6663	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4100 HARTFORD ST.</u>				d. STREET ADDRESS (If rural, give location) <u>16 4100 HARTFORD ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u>		b. (Middle) _____		c. (Last) <u>OTTO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 7, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JANUARY 31 1877</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOBBEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ROCK ISLAND, ILL. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>CHRISTIAN STURM</u>			13b. MOTHER'S MAIDEN NAME <u>WALBURGA STOCKER</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE OTTO</u>		
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Otto</u> ADDRESS <u>4100 Hartford</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 year.</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> , to <u>July 7, 1952</u> , that I last saw the deceased alive on <u>July 7, 1952</u> , and that death occurred at <u>7:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Julius G. Rottler M.D.</u>				23b. ADDRESS <u>2603 Groves St</u>		23c. DATE SIGNED <u>7-8-52</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>July 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER + PAUL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		
DATE RECD. BY LOCAL HEALTH DEPT. <u>JUL 9 1952</u>		REGISTRAR'S SIGNATURE <u>A. Carl Smith M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Robert L. & H. C. G.</u>		ADDRESS <u>1905 So. GRAND AVE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed M W Rueter.....

Licensed Embalmer No. 4865.....

P. O. Address St Louis Mo.....

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.