

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26326  
State File No. 5537  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY RES. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY St. Louis					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Wellston		4311			
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital				d. STREET ADDRESS (If rural, give location) 6178 Etzel Avenue.					
3. NAME OF DECEASED (Type or Print) a. (First) OTHO b. (Middle) RAY c. (Last) SELF			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1952						
5. SEX Male ( )	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)		8. DATE OF BIRTH April 21, 1883		9. AGE (in years last birthday) 69			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supply Man		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric Co.		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Co., Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Reece B. Self			13b. MOTHER'S MAIDEN NAME Augusta Parmertar		14. NAME OF HUSBAND OR WIFE Clara Self, 6178 Etzel Avenue				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none 497-03-1934		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Self, 6178 Etzel Avenue. ADDRESS					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Myocardium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Coronary thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 hr 2 day 2 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201					
22. I hereby certify that I attended the deceased from 6-13, 1952, to 6-13, 1952, that I last saw the deceased alive on 6-13, 1952, and that death occurred at 11:30P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Owen A. White M.D.				23b. ADDRESS 1194 Hadison on		23c. DATE SIGNED 6-14-52			
24a. BURIAL, CREMATION, REMOVAL Removal ( )		24b. DATE June 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri.				
DATE REC'D BY LOCAL REG. JUN 16 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave					

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

G.O. (Licensed Embalmer's Statement on Reverse Side)

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

*John S. Wenneke*

Licensed Embalmer No. *4194*

P. O. Address \_\_\_\_\_

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.