

3. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20341

State File No.

ED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1462

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY OR TOWN <u>Lemay</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>79</u>		e. STREET ADDRESS (If rural, give location) <u>8730 S. Grand Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8730 So. Grand Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Peter</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Ott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 23 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired - U.S.A.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin Ott</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Epstein</u>	14. NAME OF HUSBAND OR WIFE (DECEASED) <u>Josephine Anna Lenhard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-07-1323</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alvera Berger</u>	ADDRESS <u>8730 So. Grand Lemay Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Adeno-Carcinoma nose.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1981</u>		

19a. DATE OF OPERATION <u>9/27/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma cervical glands</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 Mar. 10, 1953, to May 24, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Lawrence</u> (Degree or title) _____	23b. ADDRESS <u>1504 So. Grand</u>	23c. DATE SIGNED <u>5/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 28th 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-26-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry L. Weidemueller</u>	ADDRESS <u>6203 Gravois</u>
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(Licensed Embalmer's Statement on Reverse Side)

St. Louis 16 Mo

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

4000

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.