

FILED OCT 15 1953 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34247

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9014

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>2107</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>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3811^a LABADIE Ave</u>		d. STREET ADDRESS (If rural, give location) <u>10 3811^b LABADIE Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Otto</u>	b. (Middle) <u>VORDTRIEDE</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				<u>9-17-53</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-21-1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>CENTRALIA ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arnold Vordtriede</u>	13b. MOTHER'S MARDEN NAME <u>Lilie Gassler</u>	14. NAME OF HUSBAND OR WIFE <u>Aunna</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. (If yes, give war or date of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Aunna Vordtriede</u>	ADDRESS <u>3811^a Labadie</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia Right</u>		<u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Rt Lung</u> DUE TO (c) <u>Pleurisy</u>		<u>1 month</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Cardiac Decompensation</u>			<u>1 month</u>

19a. DATE OF OPERATION <u>8-27-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma RT Lung by Bronchosopic Exam</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) <u>St. Louis 7 Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>16 3X</u>
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22. I hereby certify that I attended the deceased from 2/14/53, to 9-17-, 1953 that I last saw the deceased alive on 7-17-, 1953 and that death occurred at 1:46 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anthony J. Vitale, M.D.</u>	23b. ADDRESS <u>3861 St. Louis Ave</u>	23c. DATE SIGNED <u>9-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gions</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>SEP 18 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur L. G. Co</u>	ADDRESS <u>2707 91 Grand</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. *At 366*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.