

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37941

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2587

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY</u> <u>7850</u>	
c. LENGTH OF STAY (in this place) <u>18 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>R. 9, BOX 175 LEMAY FERRY ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 9, BOX 175 LEMAY FERRY ROAD</u>		d. STREET ADDRESS (If rural, give location) <u>R. 9, BOX 175 LEMAY FERRY ROAD</u>	
3. NAME OF DECEASED a. (First) <u>OTTO</u> b. (Middle) <u>PAUL</u> c. (Last) <u>WOTSCHKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 4, 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUGUST 31, 1878</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>**** NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. STUART FLANAGAN LEMAY</u>		ADDRESS <u>MISSOURI</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Intestinal Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Myocarditis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old age infirmities</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 11, 1953</u> , to <u>Oct 4, 1953</u> , that I last saw the deceased alive on <u>Oct 4, 1953</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. Biesemayer M.D.</u>		23b. ADDRESS <u>761 Lemay Ferry Rd</u>	
23c. DATE SIGNED <u>10-5-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>OCT. 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. TRINITY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>2000 LEMAY FERRY ROAD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. HOFFMEISTER U. &amp; L. CO. 781 S. BROADWAY ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10/5/53</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Romke M.D.</u> (Licensed Embalmer's Statement on Reverse Side)	

4000  
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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 F. Broadway

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.