

FILED JUN 8 1954

STANDARD CERTIFICATE OF DEATH

17492 State File No. 1262

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1262

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Brentwood
 c. LENGTH OF STAY (in this place) unk.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Gould-Worth Convelescent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS (If rural, give location) 2710 South Grand Blvd.

3. NAME OF DECEASED (Type or Print)
 a. (First) Emma b. (Middle) Carolyn c. (Last) Ochterbeck
 4. DATE OF DEATH (Month) (Day) (Year) May 28, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
 8. DATE OF BIRTH JAN. 22, 1877 9. AGE (In years last birthday) 77 10. IF UNDER 1 YEAR 4 Months 6 Days 11. IF UNDER 18 HRS. 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher
 10b. KIND OF BUSINESS OR INDUSTRY Public Schools
 11. BIRTHPLACE (State or foreign country) _____ 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adam Ochterbeck 13b. MOTHER'S MAIDEN NAME Carolyn Kunter 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME- ADDRESS Paul Ochterbeck, 1501 Locust St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation
 ANTECEDENT CAUSES DUE TO (b) Chronic myocarditis
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 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
1 day
1 yr

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-1, 1953, to May 28, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D. 23b. ADDRESS 209 S. Kirkwood Rd. 23c. DATE SIGNED 5/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/1/54 24c. NAME OF CEMETERY OR CREMATORY St. Peters 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 5/31/54 REGISTRAR'S SIGNATURE Herbert R. ... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

[Handwritten Signature]

Signed
Student Embalmer

Licensed Embalmer No. 1994

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.