No. 200
10-48

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Reg. 3012

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35354

BIRTH NO. FILED OCT 26 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9061

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 North Grand Ave. St. Louis 6, Missouri
c. LENGTH OF STAY (in this place) 50 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 6027 Margaretta

3. NAME OF DECEASED (Type or Print)
a. (First) OTTO
b. (Middle) F.
c. (Last) FLADER

4. DATE OF DEATH (Month) (Day) (Year) 10-5-54

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 6/21/80
9. AGE (In years last birthday) 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor
10b. KIND OF BUSINESS OR INDUSTRY Medicine
11. BIRTHPLACE (City and State or Foreign Country) Breese, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ferdinand Flader
13b. MOTHER'S MAIDEN NAME Elvina Baum
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS OF LEFT LENTICULOSTRIATE ARTERY WITH BRAIN SOFTENING.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASPIRATION PNEUMONIA
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: 3 DAYS

19a. DATE OF OPERATION 9-1-54
19b. MAJOR FINDINGS OF OPERATION A K AMPUTATION R
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
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) V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? - - - - - 4501

22. *I hereby certify that I attended the deceased from* 8-16, 1954, *to* 10-5, 1954, ~~that I last saw the deceased alive on~~, *and that death occurred at* 11:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE John M. McCarthy (Degree or title) M.D.
23b. ADDRESS VAH 915 N. Grand St. Louis, Mo.
23c. DATE SIGNED 10-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE John M. McCarthy Oct. 8, 1954
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. OCT 6 1954
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER ADDRESS 4228 S. KINGSHIGHWAY BL.

S. P. (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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin A. McDermott.....

Licensed Embalmer No. 3.0.3

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.