

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41994**  
**11488**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY -OR- TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1002 DILLON COURT</b>				e. STREET ADDRESS (If rural, give location) <b>1002 DILLON COURT</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTO</b> b. (Middle) <b>-</b> c. (Last) <b>DOETZEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 28 1955</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY 31 1887</b>		
9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FOREMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MONSANTO CHEM.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>ADAM DOETZEL</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA KOCH</b>			14. NAME OF HUSBAND OR WIFE <b>SELMA DOETZEL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>492-09-6024-9</b>		17. INFORMANT'S SIGNATURE OR NAME <b>SELMA DOETZEL</b> ADDRESS <b>1002 DILLON ST</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Central pneumonia</b>  ANTECEDENT CAUSES <b>Acute Pulmonis</b>  DUE TO (b) <b>injury</b>  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 <b>2 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <b>Jan 1955</b> to <b>Dec 28 1955</b> , that I last saw the deceased alive on <b>July 1955</b> , and that death occurred at <b>24<sup>1</sup> m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>J. S. Byrne MD</b> (Degree or title)				23b. ADDRESS <b>2752 C checker</b>		23c. DATE SIGNED <b>12-29-55</b>		
24a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>		24b. DATE <b>DEC. 30 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>		
DATE REC'D BY LOCAL REG. <b>DEC 29 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kuter 2906 Grand</b> ADDRESS _____				

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.....  
Signature of Student Embalmer

Signed *Leo J. Budd*.....  
Licensed Embalmer No. *39*.....  
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.