No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 10 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32633

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2309

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8613 Olden Avenue

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 4/20/0
d. STREET ADDRESS (If rural, give location): 8613 Olden Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First): Florence
b. (Middle):
c. (Last): Otto

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 30 1956

**5. SEX**: female

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married

**8. DATE OF BIRTH**: Feb. 2 1898

**9. AGE** (In years last birthday): 58
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): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: At Home

**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Henry Buescher

**13b. MOTHER'S MAIDEN NAME**: Eva Dempsky

**14. NAME OF HUSBAND OR WIFE**: Elton C. Otto

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: unknown

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Elton C. Otto, 8613 Olden Ave

**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) Ch. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis — 4 1/2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

4221

**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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**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* 4/29, 1954, *to* Sept 30, 1956, *that I last saw the deceased alive on* Sept 30, 1956, *and that death occurred at* 3:40p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M.D.

**23b. ADDRESS**: 8924 St. Charles St. Louis 17, Mo

**23c. DATE SIGNED**: 10/1/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: October 3, 1956

**24c. NAME OF CEMETERY OR CREMATORY**: New Bethlehem Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: 10-1-56

REGISTRAR'S SIGNATURE: Herbert R. Donkel M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av

(Licensed Embalmer. See Statement on Reverse Side)

## 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 Clement M. McGeary

Licensed Embalmer No. 3732

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