

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046659
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 331 Primary Registration District No. 544 Registrar's No. 3332

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MO b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BIRKWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Meramec Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in 1b 2 wks	d. STREET ADDRESS (If outside, give location) Eureka MO RR 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HERBERT Middle OETJEN Last			4. DATE OF DEATH Month 12 Day 19 Year 58		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1901		
9. AGE (In years, last birthday) 57			IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Worker		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) House Springs Mo	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME HERMAN OETJEN		13b. MOTHER'S MAIDEN NAME HENRIETTA FUEHS	14. NAME OF HUSBAND OR WIFE none
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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. 492-36-3342	17. INFORMANT Address Ed. Oetjen House Springs Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 332X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **Dec. 21, 1958** to **Dec 19, 1958** and last saw her alive on **Dec 19, 1958**
Death occurred at **6:35 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Hogenkamp, M.D.	22b. ADDRESS 333 S. Kirkwood Road, Kirkwood Mo	22c. DATE SIGNED 12/20/58
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE 12/23/58	23c. NAME OF CEMETERY OR CREMATORY St. MARTIN'S Cem.	23d. LOCATION (City, town, or country) (State) High Ridge Mo
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24. FUNERAL DIRECTOR Buried Funeral Home House Springs Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-21-58	26. REGISTRAR'S SIGNATURE Herbert B. Dumble MB
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL entries in Part I must be causally related.

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 Gustav W. Dieterle

Licensed Embalmer No. 4329
P. O. Address St. Louis Mo.

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.