

FILED US JAN 15 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 0 45 7 9 0

STATE FILE NUMBER

212169

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

V. S. 300
Rev. 1-57

001
1596

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5000 So. Broadway</i>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>5000 So. Broadway</i>	
3. NAME OF DECEASED (Type or print) First <i>Francis</i> Middle <i>Ann</i> Last <i>Oetzel</i>			4. DATE OF DEATH Month <i>12</i> Day <i>29</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 7, 1871.</i>	9. AGE (In years (at birthday)) <i>88</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Surgery</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Centralia, Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>August Oetzel</i>		13b. MOTHER'S MAIDEN NAME <i>Sophia Museman</i>	
14. NAME OF HUSBAND OR WIFE <i>unmarried</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Maudie Trauen, Winnie 3706 20th St.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Generalized arteriosclerosis</i>		<i>10 years</i>	
DUE TO (c) <i>420.0</i>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <i>Feb 1958</i> to <i>12/24/59</i> and last saw her alive on <i>12/24/59</i> Death occurred at <i>2:00 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>N. P. Knowlton MD</i>		22b. ADDRESS <i>3720 Washington Blvd St. Louis, Mo</i>	
22c. DATE SIGNED <i>12/30/59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal Jan 3, 1960</i>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Centralia, Illinois</i>			
24. FUNERAL DIRECTOR <i>BULL-CAMPBELL</i>		ADDRESS <i>5165 Delmar Blvd.</i>		25. DATE RECEIVED BY LOCAL REG. <i>DEC 31 1959</i>	
26. REGISTRAR'S SIGNATURE <i>Karl Smith, M.D.</i>					

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 *Wm Binkey*

Licensed Embalmer No. *3653*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.