

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9301

Do not use this space.

REC'D APR 11 1938

791  
1008

2890

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City St. Louis (d) Street No. 3728 A N. Market Street St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3728 A N. Market Street St. 11  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Ochterbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct., 7, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

17. INFORMANT Mrs Anna Ochterbeck  
(ADDRESS) 3728 A N. Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE 3-28-'38

19. FUNERAL DIRECTOR Truth Center Mortuary  
(ADDRESS) 4024 Lindell Blvd.

20. FILED MAR 28 1938  
J. D. Brubaker  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-'38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1937, to 3-25-38, 19

I last saw him alive on 3/25, 1938. Death is said to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:

terminal Bronchopneumonia  
chronic suppurative otomyelitis  
(N.T.B.) of left mandible

Date of onset  
3/27/38  
9/14/27

Other contributory causes of importance:

chronic myocarditis  
senescent arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) John J. Blaska, M. D.

(Address) 3903 2nd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, John Ketter Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision. Signed John Ketter  
Licensed Embalmer No. 3880

**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.)**