

No. 2
-13-40
-17-39
K 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **728**
Registrar's No. **728**

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4400a Laclede Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Henry L. Oetter Sr.**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Mary Nienhaus Oetter**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **June 5th., 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **16**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Grocer**

11. Industry or business
12. Name **Anthony Oetter**
13. Birthplace **Europe**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Strohmeyer**
15. Birthplace **Europe**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Nienhaus Oetter**
(b) Address **4400a Laclede Ave.**

17. (a) **Burial** (b) Date thereof **1-24-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur Bonnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **JAN 23 1941** (b) **J. Bredt**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **100**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1911**
(d) Street No. **4400a Laclede Ave.**
(If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **21st.**
year **1941** hour **1** minute **05** P. M.
21. I hereby certify that I attended the deceased from **Jan 1 - 1940**
_____ 19____ to **Jan - 21** 19**41**
that I last saw him alive on **Jan 21** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **Coronary Thrombosis, Disease with Hypertension**
Due to **Diabetes Mellitus**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration
14y-21dy
14y 21dy
14y 21dy
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **W. J. Raymond** (M. D. or other)
Address **4346 N Pine Bl** Date signed **1-22-41**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.