

STANDARD CERTIFICATE OF DEATH

12943

State File No. 3373

Registrar's No.

Registration District No. 7911

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)
In this community 66 yrs 0 mos 6 das
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17 20
(d) Street No. 2621 Hebert St.
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Addah Otte

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Otte 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Apr. 11, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 6 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Schenck
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cardwell
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William Otte
(b) Address 2621 Hebert St

17. (a) burial (b) Date thereof Apr. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) APP 18 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1941 hour 8:00 minute AM M.

21. I hereby certify that I attended the deceased from April 9, 1941 to April 17, 1941
that I last saw her alive on April 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 24 hrs
hypertension

Other conditions: Carcinoma of Breast
(include pregnancy within 3 months of death)

Major findings: Large Carcinoma of right Breast
Of operations _____
Of autopsy _____

Duration

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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury 0

23. Signature [Signature] (M. D. or other) MA
Address 4356 Tanneau Date signed 4/18/41

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

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 *Charles Goodhart*
Licensed Embalmer No. *2777*
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 this body is not embalmed, fact should be so stated above.