

BUREAU OF VITAL STATISTICS
FILED APR 20 1944

STANDARD CERTIFICATE OF DEATH

12841
State File No. 3306
Registrar's No.

Registration District No. Primary Registration District No.

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

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: Erisco Hospital
(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 Otto H. Greenwald

3. (b) If veteran, name war..... None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 10, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 29 hr. min.

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Railroad

12. Name Herman Greenwald

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Ketner

(b) Address Fort Scott, Kansas

17. (a) Removal (b) Date thereof 4-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

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(c) J. F. Brundish
(Registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Bourbon

(c) City or town Fort Scott
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 44 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from 3/14 - 1944, to 4/9 - 1944;
that I last saw him alive on 4/8 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure, congestive
Due to Chronic Secondary Anemia

Due to Prostatic Hypertrophy

Other conditions Party gave history pedicle
Partial - prostatic hypertrophy - X-Ray Neg.
Major findings: Prostatic Resection
Issue to Pathologist (Dr. Harris)
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 4-9-44

(c) Where did injury occur? Fort Scott, Kansas
(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) (a) Means of injury fall

23. Signature EM Eschen (M. D. or other)
Address 4960 Laclede St. Louis Mo. Date signed 4-9-44

DEC 8 1944

MAY 19 1944

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..... *John Gosinski*.....

Licensed Embalmer No. *3398*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

