

FILED JAN 31 1945

Registration District No.

318

Primary Registration District No.

1002

Registrar's No.

589

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:
3238 Knapp St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mathilda L. Oetter3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Jacob J. Oetter 6. (c) Age of husband or wife if alive ----- years
 7. Birth date of deceased September 16, 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>3</u>	hr. min.

9. Birthplace Unknown Mo. (City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Andrew Fink U
 13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Georg
 15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Vera Oetter
(b) Address 3238 Knapp St.17. (a) Burial (b) Date thereof 1/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetary18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave19. (a) JAN 20 1945 J. F. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3238 Knapp St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th
year 1945 hour 6:40 AM minute ----- M.21. I hereby certify that I attended the deceased from January 15, 1945 to January 19, 1945
that I last saw him alive on January 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 day
hypertensive sp.

Due to -----
Due to -----
Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: ----- -----
 Of operations -----
 Of autopsy -----
 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 Arthur S. Swanson (M. D. or other) M.D.
 Address 2202 University Date signed 1-19-45

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 *Gustav W. Dutele*

Licensed Embalmer No. *4329*

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.