

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14046

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3484

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <b>St. Louis;</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis;</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5226 Terry Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Della</b>	b. (Middle) <b>S.</b>	c. (Last) <b>Otto</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>4/17/49</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/28/1882</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS, OR INDUSTRY		11. BIRTHPLACE (State of foreign country) <b>Carmi, Ill.</b>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>James Shipley</b>	13b. MOTHER'S MAIDEN NAME <b>Mary</b>	14. NAME OF HUSBAND OR WIFE <b>James B. Otto</b>
---	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James B. Otto</b>	ADDRESS <b>5226 Terry Ave.</b>
---	-------------------------------------	--	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>since 3/27</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>my coronary arteriosclerosis</b>		
	DUE TO (c) <b>94</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary congestion</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>H&amp;A</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		<b>St Louis Mo.</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Mar 29** 19**49**, to **Mar 16**, 19**49**, that I last saw the deceased alive on **Mar 16**, 19**49**, and that death occurred at **3 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Julius Jensen</b> (Degree or title) <b>V</b>	23b. ADDRESS <b>3720 Washy Tr. Ave. St Louis</b>	23c. DATE SIGNED <b>3/18/49</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/20/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>APR 18 1949</b>	REGISTRAR'S SIGNATURE <b>J B Jansen</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan</b>	ADDRESS <b>Euclid 2849</b>
---	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

116

Dr. Julius Jensen

3730 Washington

JE. 5384

*JPM*

---

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Geo. H. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address \_\_\_\_\_

**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.