

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32061**  
Registrar's No. **7963**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hosp.		d. STREET ADDRESS 542 Edgar Court			
3. NAME OF DECEASED a. (First) ESTHER		b. (Middle) LOUISE		c. (Last) OETH	
4. DATE OF DEATH (Type or Print) Sept. 12, 1949		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 8, 1922		9. AGE (In years last birthday) 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Dr. E.B. Waters		13b. MOTHER'S MAIDEN NAME Grace Pringle	
14. NAME OF HUSBAND OR WIFE Larry B. Oeth Jr.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Larry B. Oeth Jr.		ADDRESS 542 Edgar Court, Webster Groves Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diphtheria</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 18	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 053X	

22. I hereby certify that I attended the deceased from 8-4-49, 1949, to 9-12-49, 1949 that I last saw the deceased alive on 9-12-49, 1949, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>A. J. Steiner</i>		(Degree or title) MD		23b. ADDRESS 638 N. Grand	
23c. DATE SIGNED 9-24-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/15/49	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		24d. LOCATION (City, town, or county) St. Louis Co. Mo.		(State)	

DATE REC'D BY LOCAL REG. SEP 14 1949		REGISTRAR'S SIGNATURE <i>J.B. Gasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jay R. Smith	
				ADDRESS 7456 Manchester Rd. Maplewood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.