

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34985**
9257

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (In this place) 12 Hours		d. STREET ADDRESS (If rural, give location) 1028 Dolman Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1			

3. NAME OF DECEASED (Type or Print) Otto			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Oct. 26th, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 5th, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 21	IF UNDER 2 HRS. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY O'Mara Htg. Co.	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Buechler	13b. MOTHER'S MAIDEN NAME Elize Volland	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Wallace, 5217 Conde Street	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull; Brain injury		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. suffered when struck by blow at intersection of 12th and Pine Sts. being operated by		
II. OTHER SIGNIFICANT CONDITIONS Oct 24, 1949.		DUO TO (c) acc. Chas. V. Lamed about 12:40 pm	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 111
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct 24 49 12:40 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? OSV 31
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Cathel E. Taylor, Coroner	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/29/49	24c. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri
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DATE REC'D BY LOCAL REG. OCT 27 1949	REGISTRAR'S SIGNATURE J. B. Sauter	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
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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 John A. Mlusa

Licensed Embalmer No. 4186

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.