

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1949

State File No. 35875

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BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 4135

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Gravois 4	c. LENGTH OF STAY (in this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) 33 TOWN University City 5, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Nursing home		d. STREET ADDRESS (If rural, give location) 6300 Enright Ave.	

3. NAME OF DECEASED (Type or Print) OTTO	a. (First)	b. (Middle) FELIX	c. (Last) DOLFINGER	4. DATE OF DEATH (Month) (Day) (Year) oct 11, 1949
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 7, 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr	11. BIRTHPLACE (State or foreign country) Louisville, Ky.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Otto Dolfinger	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Maude Dolfinger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME J. Henry Boldt	ADDRESS 6300 Enright Ave.
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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 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>cli heart & kidney disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>cli arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>U46X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 3, 1949, to Oct 11, 1949, that I last saw the deceased alive on Oct 11, 1949, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>W H Walters M.D.</i> (Degree or title)	23b. ADDRESS 3608 D Grand	23c. DATE SIGNED 10/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Cave Hill Cem.	24d. LOCATION (City, town, or county) (State) Louisville, Ky.
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DATE REC'D BY LOCAL REG. OCT 12 1949	REGISTRAR'S SIGNATURE <i>Herbert B. Womack</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander</i>	ADDRESS 6175 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

DR. W. H. WALTERS.
3608 S. GRAND.

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

Jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6176 Delma

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.