

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6580

State File No.

| | | | | | | | |
|---|--|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. 1003 | | Registrar's No. 1725 | |
| 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 St Louis Missouri | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | 217 ⁹ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3227 Park Av | | | | d. STREET ADDRESS (If rural, give location) 1508 S Compton Av | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) H c. (Last) Ottensmeyer | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb 21 1950 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH March 17 1895 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months 11 Days 4 | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U S | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Azalia 3227 Park Av | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Melvin Ottensmeyer ADDRESS 3124 Eads Av | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial degeneration DUE TO (c) Chronic Bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 days 2 yrs. 2 yrs. 4 yrs. | |
| 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) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 7-20-11 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 Feb 7, 1950 , to Feb 21, 1950 , that I last saw the deceased alive on Feb 21, 1950 , and that death occurred at 10:40 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE D. J. Leuch (Signature or title) | | | | 23b. ADDRESS 15574 S. Compton, St. Louis, Mo | | 23c. DATE SIGNED Feb 21-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/24/50 | 24c. NAME OF CEMETERY OR CREMATORY Parl Lawn Cemetery | | 24d. LOCATION (City, town, or county) St Louis (State) _____ | | |
| DATE REC'D BY LOCAL FEB 22 1950 | | REGISTRAR'S SIGNATURE J. B. Jasper | | 25. FUNERAL DIRECTOR'S SIGNATURE Myrtle Funeral Home ADDRESS 1926 Allen Av | | | |

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Job A. Hannan

Licensed Embalmer No. _____

4533

P. O. Address _____

1926 Allen

Student
Student Embalmer

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.