

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1950

State File No. **21874**
Registrar's No. **5690**

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 _____		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis		2249
d. FULL NAME OF HOSPITAL OR INSTITUTION 3503² Indiana Av. W			d. STREET ADDRESS (If rural, give location) 3503² Indiana Av.		
3. NAME OF DECEASED (Type or Print) Elizabeth Lizzie Oetting		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 29-1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2	8. DATE OF BIRTH Nov. 17 1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days
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) Hermann Mo		12. CITIZEN OF WHAT COUNTRY? U.S.C.
13a. FATHER'S NAME Jacob Rost		13b. MOTHER'S MAIDEN NAME Mary Meyer		14. NAME OF HUSBAND OR WIFE William Oetting	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Schmetzer 6410 Mardel 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis "Sclerotic Arteriosclerosis" ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio-Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 2 year 02
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION None			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) _____	
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? H 2121			
22. I hereby certify that I attended the deceased from 2 11 2 19 49 , to 6 28 19 50 , that I last saw the deceased alive on 6 28 19 50 , and that death occurred at 7 9 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE Julius Chew Ketter M.D.		(Degree or title)		23b. ADDRESS 2603 Shroves St	23c. DATE SIGNED 6 30 50
24a. BURIAL, CREMATIONS, REMOVAL (Specify) Burial	24b. DATE 7-1-50	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. JUN 30 1950	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros L & H Co 2929 S. Jefferson		

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 1/2 rd. Williams

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.