

No. 300
10.48

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9733

9230

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

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		0973	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 1300 North Second Street			
3. NAME OF DECEASED (Type or Print) a. (First) Dora		b. (Middle)		c. (Last) Oetker		4. DATE OF DEATH (Month) (Day) (Year) March 16 1951	
5. SEX Female/		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 19, 1883	
9. AGE (In years last birthday) 68		10. MONTH (Day) (Year) I 27		9. AGE (In years last birthday) 68		10. MONTH (Day) (Year) I 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Krueger			13b. MOTHER'S MAIDEN NAME Caroline Wortmann			14. NAME OF HUSBAND XXXXXXXX Charles Oetker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Charles Oetker--St.Charles, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Post operative shock				2 day	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)				586 X	
		DUE TO (c) anterochloremia, generalized				5/8	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Impaired arteriole				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from 3-5, 1951, to 3/16, 1951, that I last saw the deceased alive on 3/16, 1951, and that death occurred at 7:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE George E. Foster D M D				23b. ADDRESS 800 N. 2nd St. Charles, Mo.		23c. DATE SIGNED 3-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 19-1951		24c. NAME OF CEMETERY XXXXXXXX Salem Lutheran Cem		24d. LOCATION (City, town, or county) (State) Black Jack, Missouri	
DATE REC'D BY LOCAL REG. 3-18-1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dallmeyer & Sons Co. 800 N. 2nd St. Charles, Mo.			

File No. _____
DISTRICT HEALTH OFFICE No. 4
MAR 26 1951

RECEIVED

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 4189

_____ working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph F. Landolt
Licensed Embalmer No. 4189

P. O. Address St Charles 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.