

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24764

318

1003

5794

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>D-</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>SAINT LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SAINT LOUIS</u>		c. LENGTH OF STAY (In this place) <u>38</u> OR TOWN <u>OLIVETTE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4380</u>		d. STREET ADDRESS (If rural, give location) <u>26 ORCHARDS</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>HOTZ</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/8/1900</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Surgery</u>		11. BIRTHPLACE (State or foreign country) <u>Marissa, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Hotz</u>			13b. MOTHER'S MAIDEN NAME <u>Appolonie Fruth</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Barrell Hotz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>WW I</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Viola Hotz 26 Orchards, Olivette</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>				<u>72 hr</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebothrombosis right saphenous and iliac vein</u> DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u>				<u>?</u>	
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)			
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? <u>H22K</u>			
22. I hereby certify that I attended the deceased from <u>10/15/48</u> to <u>6/26/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/26/51</u> , 19 <u>51</u> , and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence E. Osullivan M. D.</u>				23b. ADDRESS <u>634 No. Grand</u>		23c. DATE SIGNED <u>6/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marissa, Ill.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>6-28-51</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. Ambruster, Inc. 6633 Clayton Road</u>			

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

1994
OCT 20

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert Embalmer

Signed.....

Student Embalmer

Licensed Embalmer No. 1994

P. O. Address.....

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.