7.S. No. 300
EV. 10.48

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

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35466

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8606

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
d. STREET ADDRESS (If rural, give location): 7230 Winchester Drive, 21, 4171

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): C.
c. (Last): Oetgen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27th, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 12th, 1870
9. AGE (In years last birthday): 81 — If under 1 year: Months, Days; If under 1 hr.: 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: Owner Drayage Company
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred C. Oetgen
13b. MOTHER'S MAIDEN NAME: Minna Lehde
14. NAME OF HUSBAND OR WIFE: Elmira E. Oetgen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Elmira E. Oetgen
ADDRESS: 7230 Winchester Drive

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bronchus, lt. lung
DUE TO (b) Chronic myocarditis
DUE TO (c) Feb 28-1948 and Diabetes
July 28-1951 Cerebrovascular

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aug 10-1951 Fall T

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Feb 28 1948 Sept 28 1951
19b. MAJOR FINDINGS OF OPERATION: as stated above Fracture neck of R Femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Aug 10 51
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 10 1951 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell in Bath Room at Hospital E 9037 H

22. I hereby certify that I attended the deceased from Feb 28, 1948 to Sep 27, 1951, that I last saw the deceased alive on Sep 27, 1951, and that death occurred at 2:29 m., from the causes and on the date stated above.

23a. SIGNATURE: M. F. Hanman M.D. (Degree or title)
23b. ADDRESS: 2739 N. Grand St. Louis
23c. DATE SIGNED: 9/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/29/51
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: SEP 28 1951
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Calvin F. Feutz
ADDRESS: 4828 Natural Bridge Blvd.

M.D.
(Licensed Embalmer's Statement on Reverse Side)

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 John A. Milner

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.