

FILED DEC 1. 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39531

State File No. ....

9923

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS,</u>		c. LENGTH OF STAY (In this place) <u>21</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS,</u>		2213			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2419<sup>a</sup> CASS AV.</u>				d. STREET ADDRESS (If rural, give location) <u>2419<sup>a</sup> CASS AV.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>ALLEN</u>		c. (Last) <u>OERTLI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-51</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>JUNE 25, 1913</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 1 MTH. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN A OERTLI</u>			13b. MOTHER'S MAIDEN NAME <u>MOLLEY C. HOSLEY</u>		14. NAME OF HUSBAND OR WIFE <u>DORCAS OERTLI</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>YES 2ND WORLD WAR</u>			16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Dorcas Oertli</u>				ADDRESS <u>Crocker Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon monoxide poisoning</u>  ANTECEDENT CAUSES <u>suffered when deceased was alone with furnace gas heater in room of home at 2419 a Cass Ave. exact time unknown Nov 4 1951</u>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS <u>time unknown Nov 4 1951</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo.</u>					
21d. TIME OF INJURY <u>Nov 4 51 7 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CO</u>					
22. I hereby certify that I attended the deceased from _____, 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>200 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Catharine E Taylor Coronor</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11.6.51.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRECKS Mo.</u>				
DATE REC'D BY LOCAL REG. <u>NOV 8 1951</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D. R.P.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Heller 5967 N. Florissant Ave.</u>					

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.....

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William E. Buehler*

Licensed Embalmer No. *2110*

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.