

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

43225
State File No. 11155
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY None		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3306 So. Compton		d. STREET ADDRESS (If rural, give location) 3306 So. Compton	

3. NAME OF DECEASED (Type or Print) a. (First) Pauline	b. (Middle)	c. (Last) Oerter	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Apr. 7, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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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) Ulm, Germany	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Karl Mohr	13b. MOTHER'S MAIDEN NAME Magdalena Held	14. NAME OF HUSBAND OR WIFE John Oerter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME John Oerter, 3306 So. Compton Ave.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		Suddenly
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Arterio sclerotic heart disease		Suddenly
II. OTHER SIGNIFICANT CONDITIONS: Hypertension - Rh hemiplegia		Many years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? H 250
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22. I hereby certify that I attended the deceased from **1939** to **Dec 14, 1951**, that I last saw the deceased alive on **Dec 13, 1951**, and that death occurred at **11** p. m., from the causes and on the date stated above.

23a. SIGNATURE Clara B. Neets M.D.	23b. ADDRESS 4909 Lindenwood	23c. DATE SIGNED 12/15/51
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 18, 1951	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Gravois Rd., St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. DEC 17 1951	REGISTRAR'S SIGNATURE Paul Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U.&L.CO.	ADDRESS 6464 Chippewa St.
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(Licensed Embalmer's Statement on Reverse Side)

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

1100 Jan
11.30

**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. _____

Student
Student Embalmer

Signed Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

Note: The above MUST BE SIGNED BY THE LICENSEE,
the above constitutes grounds for revocation of license.)

EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.