No. 300
10-48

FILED DEC 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43660

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4077

1. PLACE OF DEATH
a. COUNTY ST. LOUIS,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baden
c. LENGTH OF STAY (In this place) YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.R.#4 Baden Station

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) Baden 4010
d. STREET ADDRESS (If rural, give location) R.R.#4 Baden Station

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) c. (Last) Oth Sr.

4. DATE OF DEATH (Month) (Day) (Year) Dec 21, 1951

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** July 16, 1873 **9. AGE** (In years last birthday) 73 IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HRS. 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** Farmer **11. BIRTHPLACE** (State or foreign country) Switzerland 5 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Not Known **13b. MOTHER'S MAIDEN NAME** Not Known **14. NAME OF HUSBAND OR WIFE** Anna Oth

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.** None **17. INFORMANT'S SIGNATURE OR NAME** Anna Oth R.R.#4 Baden Sta. ADDRESS

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12-1-51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr Myocarditis — 1948
DUE TO (c) Arteriosclerosis — 1940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — 4201 **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.) — **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12-11-, 1939, *to* 12-21-, 1951, *that I last saw the deceased alive on* 12-21-, 1951, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Ron Johnson (Degree or title) MD — **23b. ADDRESS** Ferguson MO — **23c. DATE SIGNED** 12/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** Dec 24, 1951 — **24c. NAME OF CEMETERY OR CREMATORY** Lake Charles — **24d. LOCATION** (City, town, or county) St Louis Co. (State) MO

DATE REC'D BY LOCAL REG. 12/24/51 — **REGISTRAR'S SIGNATURE** Herbert R. Domke MD — **25. FUNERAL DIRECTOR'S SIGNATURE** Buchholz-Koeller — **ADDRESS** 5967 W. Florissant Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John S. Demuth

Licensed Embalmer No. 4194

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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