

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33291

FILED SEP 25 1952

State File No.

318

1003

8424

BIRTH NO. _____ REG.-DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY			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) St. Louis Mo		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169
d. FULL NAME OF HOSPITAL OR INSTITUTION 4028 Humphrey			d. STREET ADDRESS (If rural, give location) 4028 Humphrey		
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) A	c. (Last) OTTE	4. DATE OF DEATH (Month) (Day) (Year) 9-7-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 7-29-1870	9. AGE (In years last birthday) (Specify) 82	IF UNDER 1 YEAR 1 9 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Driver		10b. KIND OF BUSINESS OR INDUSTRY American Brew.	11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WM. Otte		13b. MOTHER'S MAIDEN NAME Katherine Rome		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Rolfes 4028 Humphrey		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis				3 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis and				
	DUE TO (c) Arteriosclerosis				1 yr.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION no	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? 446x #221			
22. I hereby certify that I attended the deceased from June 8th 19 52 , to Sept. 7, 19 52 , that I last saw the deceased alive on Sept. 6, 19 52 , and that death occurred at 10 AM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. V. Walters M.D.			23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 9/8/52
24a. BURIAL CREMATION (Specify) Burial	24b. DATE 9-10-1952	24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. SEP 8 1952	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 S Grand Blvd		

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.....

Geo. H. Kumpfmuehle, Jr.

Licensed Embalmer No. 4611

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.