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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3578

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1054

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo.
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239

d. STREET ADDRESS (If rural, give location) 23 2342 S. 13th ST

3. NAME OF DECEASED (Type or Print) a. (First) BERNADINE b. (Middle) OTTOLINE c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) JAN. 28 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JULY 28 1903
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME HERMAN KOHNEN
13b. MOTHER'S MAIDEN NAME ANNA HUSTEDDE
14. NAME OF HUSBAND OR WIFE LOUIS J. OTTOLINE SR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME LOUIS OTTOLINE ADDRESS 2342 S. 13th

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) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 331X

22. *I hereby certify that I attended the deceased from* Sep 18, 1949, *to* Jan 28, 1953, *that I last saw the deceased alive on* Jan 28, 1953, *and that death occurred at* 10P. *m., from the causes and on the date stated above.*

23a. SIGNATURE T Schiedewolf (Degree or title) O. MD.
23b. ADDRESS 2026 S 9th ST
23c. DATE SIGNED 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE FEB. 2 1953
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo

DATE REC'D BY LOCAL REG. JAN 29 1953
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis **ADDRESS** 2906 Gravois

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed Homer A. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Flavor

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

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