

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20342**

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 506 Registrar's No. 1329

1. PLACE OF DEATH
a. COUNTY St Louis

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

b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN Rural - ~~Lake Wood~~ - ~~St Louis~~ c. LENGTH OF STAY (In this place) 30 yrs

c. CITY OR TOWN LAKE WOOD d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 462 Heidelberg

e. STREET ADDRESS (If rural, give location) 4612 Heidelberg

3. NAME OF DECEASED
a. (First) Lucy b. (Middle) _____ c. (Last) Otto

4. DATE OF DEATH (Month) (Day) (Year) May 12 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 12/6/1875

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (City and State or Foreign Country) Enfield, Illinois /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander Austin

13b. MOTHER'S MAIDEN NAME Mary Crabtree

14. NAME OF HUSBAND OR WIFE John T Otto

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John J Otto 2112a Chippewa

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperensive Cardis Vascular Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 8-10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

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)

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 1950, 19 , to 5/12, 1953, that I last saw the deceased alive on 5/7, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Haskell R. Domb (Degree or title) M.D.

23b. ADDRESS 16 Hampton Valley Pl

23c. DATE SIGNED 5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5/14/53

24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cem

24d. LOCATION (City, town, or county) (State) St Louis Missouri

DATE REC'D BY LOCAL REG. 5-12-53

REGISTRAR'S SIGNATURE Haskell R. Domb - M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons, Inc.

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

4000
12

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.....
Signature of Student Embalmer

Signed.....
B. G. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gra

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.