

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30297**
7064

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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 **2249**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS Mo**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2809 - WISCONSIN**

e. STREET ADDRESS (If rural, give location) **24 2809 - WISCONSIN**

3. NAME OF DECEASED
a. (First) **MARY** b. (Middle) **C.** c. (Last) **OCHTERBECK**

4. DATE OF DEATH (Month) (Day) (Year) **JULY 17 1953**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

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

8. DATE OF BIRTH **Nov. 14 1865**

9. AGE (In years last birthday) Months Days Hours Min. **87**

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

10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **HERMANT WELBECK**

13b. MOTHER'S MAIDEN NAME **MARY HAHN**

14. NAME OF HUSBAND OR WIFE **WILLIAM OCHTERBECK (DEC'D)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Gus OCHTERBECK 1951 ARSENAL**

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) **Ac. Cardiac Collapse**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **arterio-sclerotic Heart Disease**
DUE TO (c) **Senility**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **suble**

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) **420.0**

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 **July 16**, 19**53**, to **July 17**, 19**53**, that I last saw the deceased alive on **July 16**, 19**53**, and that death occurred at **4:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Leo P. Young M.D.**

23b. ADDRESS **2621 S. Jefferson**

23c. DATE SIGNED **7/17/53**

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

24b. DATE **JULY 20 1953**

24c. NAME OF CEMETERY OR CREMATORY **BETHANY CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS Co., Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. Earl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kuttig 2906 Harris**

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.....
Signature of Student Embalmer

Signed *George E. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 S*

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.