

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44649**

FILED DEC 29 1953

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545** Registrar's No. **7248**

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, write RURAL and give township) OR TOWN MAPLEWOOD		c. LENGTH OF STAY (In this place) 2 YR		c. CITY OR TOWN MAPLEWOOD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2424 FLORENT				e. STREET ADDRESS (If rural, give location) 2424 FLORENT			
3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) M c. (Last) OTTO			4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 53				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1-6-1887		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 11 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Book Keeper		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) CHICAGO - ILL		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EMIL - OTTO		13b. MOTHER'S MAIDEN NAME ELIZABETH - SCHULY		14. NAME OF HUSBAND OR WIFE NONE			
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 EMIL OTTO 2424 FLORENT MAPLEWOOD			
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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease DUE TO (c) UREMIA				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from OCT. 21, 1953 , to DEC. 19, 1953 , that I last saw the deceased alive on DEC. 19, 1953 , and that death occurred at 4:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert P. Stashnick M.D.				23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 12/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-20-53	24c. NAME OF CEMETERY OR CREMATORY GRACE LAND - CEM.		24d. LOCATION (City, town, or county) (State) CHICAGO - ILL		
DATE REC'D BY LOCAL REG 12/19/53		REGISTRAR'S SIGNATURE Hector K. Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH MAPLEWOOD - MO			

(Licensed Embalmer's Statement on Reverse Side)

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

4004

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.....

Licensed Embalmer No. 4129

P. O. Address Maplewood

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.