

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32706

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2154

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>River View, MO</u>		c. CITY OR TOWN <u>River View</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10,058 Sheldon Dr.</u>			
e. STREET ADDRESS (If rural, give location) <u>10,058 Sheldon Dr.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Ott.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 9 1954</u>
---	-----------------------	-----------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-10-1876</u>	9. AGE (In years last birthday) <u>78</u>	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) <u>BAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired - BAKER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Un Known</u>	13b. MOTHER'S MAIDEN NAME <u>Un Known</u>	14. NAME OF HUSBAND OR WIFE <u>IDA OTT - Deceased</u>
------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-14-7351A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Adams</u>	ADDRESS <u>10,058 Sheldon Dr.</u>
---	---	--	-----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>valvular heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <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) <u>4214</u>
--	--	--

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from May 11, 1953 to Sept 9, 1954, that I last saw the deceased alive on Sept. 2, 1954, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>William N. Grundmann</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3118 N. Grand St. St. Louis</u>	23c. DATE SIGNED <u>9/9/54</u>
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/13/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-10-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Koch & Son</u>	ADDRESS <u>3516 N. 14th St.</u>
---	--	---	---------------------------------

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

4000

52W

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 *Bernd Hoffman*.....

Licensed Embalmer No. *436*

P. O. Address *St. Louis*

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.