

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3536**

FILED FEB 14 1955

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469** Registrar's No. **12**

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 OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 0951 G 579 JEFFERSON ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 579 JEFFERSON ST			

3. NAME OF DECEASED (Type or Print) WILLIAM HENRY OTTE			4. DATE OF DEATH (Month) (Day) (Year) FEB 6 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 13 1900		9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEANING & DYING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) OTZORA MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALBERT OTTE		13b. MOTHER'S MAIDEN NAME ELIZABETH HURST		14. NAME OF HUSBAND OR WIFE CATHERINE PALMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-38-0799		17. INFORMANT'S SIGNATURE OR NAME Catherine Otte St. Genevieve Mo	

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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

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)	
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 **Feb 6, 1955**, to **Feb 6, 1955**, that I last saw the deceased alive on **Feb 5, 1955**, and that death occurred at **10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. ...		23b. ADDRESS St. Genevieve Mo		23c. DATE SIGNED 2-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/8/55		24c. NAME OF CEMETERY OR CREMATORY VALLE SPRING	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Proc. ...		ADDRESS St. Genevieve Mo	
DATE REC'D BY LOCAL REG. 2-11-55		REGISTRAR'S SIGNATURE ...		481	

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

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MS SEP 9 1959

FEB 15 1957

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 *Adrian J. Ekler*.....

Licensed Embalmer No. *474*.....

P. O. Address *Ste. Gen*.....

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.