

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31308

State File No. _____
Registrar's No. **8183**

FILED SEP 29 1955

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

1. PLACE OF DEATH a. CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) 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) 15 yrs		e. STREET ADDRESS (If rural, give location) 4145 Nebraska Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) THE REV. BERNHARD b. (Middle) J. c. (Last) OTTE			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Sept. 11, 1870		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 6 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired minister		10b. KIND OF BUSINESS OR INDUSTRY Zion Lutheran Church		11. BIRTHPLACE (City and State or Foreign Country) Hanover Germany	
12. CITIZENRY OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Dietrich Otte		13b. MOTHER'S MAIDEN NAME Dora Schroeder		14. NAME OF HUSBAND OR WIFE Bertha Jensen Otte	
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 Mrs. Minna A. Brackman, 4145 Nebraska Av.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES. Cerebral arteriosclerosis 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. Coronary atherosclerosis myocardial infarction Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 days 5 years 9 years 8 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **June 1, 1947**, to **Sept 16, 1955**, that I last saw the deceased alive on **Sept 16, 1955**, and that death occurred at **5:00 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE R. M. ... (Degree of Title)		23b. ADDRESS 3701 Grand St.		23c. DATE SIGNED 9-17-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept. 19, 1955		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. SEP 19 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Robert A. Nussbaum
3701 Grandel Sq.
11 - 3:30 P. M.

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. None working under my personal supervision..

Student None _____
Signature of Student Embalmer

Signed Delis J. Krupin _____

Licensed Embalmer No. 34

P. O. Address St. Paul _____

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.