

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14951

State File No. 3683

FILED APR 30 1956

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4926 Beacon A venue</u>				e. STREET ADDRESS (If rural, give location) <u>4926 Beacon Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u>		b. (Middle) <u>H</u>		c. (Last) <u>Waller, Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1956</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 13 1888</u>	
				9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur (Retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Columbia Terminal Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Otto Waller, Sr</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mattern</u>			14. NAME OF HUSBAND/OR WIFE <u>Gertrude Waller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gertrude Waller, 4926 Beacon Ave</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chemia - Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 NO.</u> ANTECEDENT CAUSES <u>Metastatic carcinoma of prostate</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic carcinoma prostate 2 yrs</u> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 11, 1954</u> to <u>4-11-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>56</u> , and that death occurred at <u>10:30 a.m.</u> , <u>10:30 A.M.</u> on <u>4-11-56</u>							
23a. SIGNATURE <u>G.W. Knapp</u> (Degree or title) <u>Co. D.O.</u>				23b. ADDRESS <u>4991 Thrush Ave.</u>		23c. DATE SIGNED <u>4/11/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 14 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 14 1956</u>		REGISTRAR'S SIGNATURE <u>g Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

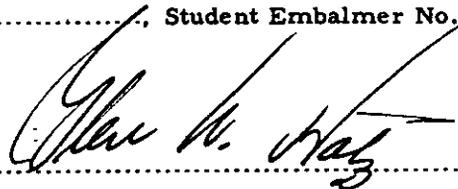
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....



Licensed Embalmer No. 37

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.