

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25546**
Registrar's No. **1600**

FILED JUL 18 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590**

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) Florissant		c. CITY OR TOWN Florissant	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) 1070 Castello Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1070 Castello Dr.			

3. NAME OF DECEASED (Type or Print)	a. (First) Lucy	b. (Middle) Johanna	c. (Last) Otten	4. DATE OF DEATH (Month) (Day) (Year) June 29 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-12-1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Florissant Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Frank Albers	13b. MOTHER'S MAIDEN NAME Elizabeth Stroer	14. NAME OF HUSBAND OR WIFE Herman J. Otten
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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 Mildred Green	ADDRESS Florissant, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		
	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. Chronic recurrent pleural effusion - (massive)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from _____, 1955, to **6-29**, 1956, that I last saw the deceased alive on **6-25**, 1956, and that death occurred at **3:23 P. m.**, from the causes and on the date stated above. **6-29-56**

23a. SIGNATURE (Degree or title) Olbert M. Fayano	23b. ADDRESS 601 S. Brentwood Clayton S. Mo.	23c. DATE SIGNED 6-29-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-2-56	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart	24d. LOCATION (City, town, or county) (State) Florissant, Mo.
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DATE REC'D BY LOCAL REG. 7-1-56	REGISTRAR'S SIGNATURE Dorothy R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE White Chapel	ADDRESS Ferguson, Mo
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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 Eleanore Prince

Licensed Embalmer No. 340

P. O. Address Sumner

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.