

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29437

State File No.

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2024

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. LENGTH OF STAY (in this place) 6 yr	c. CITY OR TOWN Overland 423X 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 2406 Sims		e. STREET ADDRESS (If rural, give location) 2406 Sims	

3. NAME OF DECEASED (Type or Print) a. (First) HATTIE b. (Middle) FRITZ c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8/24/ 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 8 1885	9. AGE (In years last birthday) 71	10. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Derler	13b. MOTHER'S MAIDEN NAME Mary Raab	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Marie Baier ADDRESS 2406 Sims Overland 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Cachexia		INTERVAL BETWEEN ONSET AND DEATH 8 mo +
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatous		
	DUE TO (c) Carcinoma of Left Auditory Canal 1 yr.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Myocarditis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1991	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)	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 57 Aug 24 1956 to Aug 24 1956, that I last saw the deceased alive on Aug 24 1956 and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph J. Miller M.D.	23b. ADDRESS 4760 Belmont Blvd	23c. DATE SIGNED 8/26/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/28/1956	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
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DATE REC'D BY LOCAL REG. 8-27-56	REGISTRAR'S SIGNATURE Nebech R. Dombke	FUNERAL DIRECTOR'S SIGNATURE W. Ortmann ADDRESS F Home 9222 Lackland Overland
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

400 X

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 *Al C Ostmann*.....

Licensed Embalmer No. *3478*.....

P. O. Address

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.