

Health, Welfare, Public Services
 300
 1-5
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26204

STATE FILE NUMBER

5067

FILED JUL 16 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Maplewood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 7242 Rule Ave.	
3. NAME OF DECEASED (Type or print) First OTTO Middle M. Last HOHLSTEIN		4. DATE OF DEATH Month May Day 27 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-9-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY Heating	11. BIRTHPLACE (City and state or country) Bellevue, Ohio
13. FATHER'S NAME Otto M. Hohlstein		14. MOTHER'S MAIDEN NAME Louise E. Rausch	
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. 569-03-1579	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH 14 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Carcinoma of bladder	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		DUE TO (c)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		181X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---	
20e. CITY, TOWN, OR LOCATION ---		20f. COUNTY STATE	
21. I attended the deceased from 4-23-57 to 5-27-57 and last saw him alive on 5-27-57 Death occurred at 8.45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. B. Webster, M.D.		22b. ADDRESS 19 E. Lockwood Ave. Webster Froves, Mo.	
22c. DATE SIGNED 5-28-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 5-31-1957	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. MAY 31 '57	
		26. REGISTRAR'S SIGNATURE Carl Smith, Mo	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *J.P. Burgess*,
Licensed Embalmer No. *40*

P. O. Address *Maple*

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.