

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007368
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1504

300
-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hos.		Length of stay in lb Lifetime		STREET ADDRESS 29 4509 Blair Ave. (7		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FREDERICK P. HORTTER				4. DATE OF DEATH Month Day Year Feb. 7 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 27, 1873	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Belt Maker		11. BIRTHPLACE (City and state or country) St. Louis, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. KIND OF BUSINESS OR INDUSTRY MO. Belting Co.		13a. FATHER'S NAME Ernst Hortter		13b. MOTHER'S MAIDEN NAME Katherine Pretzel		14. NAME OF HUSBAND OR WIFE Lena Hortter	
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. 490-01-6713A		17. INFORMANT Address Mrs. Lena Hortter 4509 Blair Avenue			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Branch Pneumonia</i> DUE TO (b) <i>Fractured two ribs, right side</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. HOW AND WHERE OCCURRED (Enter date of injury in PART I or PART II (Item 18). <i>At home fall at Chronic Hospital Division #1 & 2. Feb 3, 1958.</i>					
20c. TIME OF INJURY <i>1125 p.m. - 2358</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>13 Shop</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>645 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Patrick Taylor Coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>FEB 8 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-10-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County MO</i>	
24. FUNERAL DIRECTOR ADDRESS <i>SUEMEYER & SON'S 3934 N. 20th Street</i>				25. DATE RECD. BY LOCAL REG. <i>FEB 10 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith m. D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature where no other name is specifically related.

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*
P. O. Address *St. Louis Mo*

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.