

Health,
& Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014762
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 47

S. 300
v. 1-57

0500
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERAMEC</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>ST LOUIS</u> <u>2079</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u>		Length of stay in lb <u>4 mos. - 8 days</u>	d. STREET ADDRESS (If outside, give location) <u>7391 STRATFORD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE C. OTTO</u>			4. DATE OF DEATH Month Day Year <u>APRIL 8 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 10 - 1887</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months Days <u>5</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FURNITURE - SALEMAN</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN WILLIAM OTTO</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HATTENHORST</u>	
13c. NAME OF HUSBAND OR WIFE <u>IRENE M. ANRENS</u>		14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.-1</u>		15. SOCIAL SECURITY NO. <u>493-07-7954</u>	
16. INFORMANT <u>brother Leonard</u>		17. ADDRESS <u>Brookfield, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>VIRUS PNEUMONIA</u> DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) <u>492X</u> 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"/>		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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>12/1/57</u> to <u>4/8/58</u> and last saw her alive on <u>4/8/58</u> Death occurred at <u>9:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <u>J. Mardes M.D.</u>			22b. ADDRESS <u>St. Joseph's Hospital - Eureka Mo.</u>		22c. DATE SIGNED <u>4/8/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4/10/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St Louis - Mo</u>
24. FUNERAL DIRECTOR <u>C.R. Lepton, Hon</u>		ADDRESS <u>7233 DELMAR</u>		25. DATE RECD. BY LOCAL REG. <u>4-10-58</u>	
26. REGISTRARS SIGNATURE <u>Robert E. Bauer</u>					

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 15 1958

APR 21 1958

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
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.