Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007509
STATE FILE NUMBER
2 1889

FILED MAR 10 1959

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Alexian Bros. Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 5613 S. Broadway — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John Middle: (N.M.I.) Last: Oerter

4. DATE OF DEATH: Month February Day 20 Year 1959

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: March 21, 1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Park Dep't

10b. KIND OF BUSINESS OR INDUSTRY: City of St. Louis

11. BIRTHPLACE (City and state or country): Oakville, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Oerter

13b. MOTHER'S MAIDEN NAME: Eva Erb

14. NAME OF HUSBAND OR WIFE: Pauline Oerter (Deceased)

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.: 492-05-0118

17. INFORMANT: Gertrude Reising, 5613 S. Broadway, St. Lou (Address)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 4 d.a.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ruptured appendix — 4 d.a.

DUE TO (c): myocardial damage — 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 550.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2/15/59 to 2/20/59 and last saw her/him alive on 2/20/59
Death occurred at 7:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Swekosky (Degree or title) M.D.

22b. ADDRESS: 4045 So. Grand

22c. DATE SIGNED: 2/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-23-1959

23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: HOFFMEISTER COLONIAL MORTUARY
ADDRESS: 6464 CHIPPEWA ST. ST. LOUIS

25. DATE RECD. BY LOCAL REG.: FEB 21 '59

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

6270

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address St. Louis

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.