

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS APR 4 1960**

**60-013045**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **2 3084** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>McLean</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>Bloomington</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>905 W. Mulberry</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Henry</b> Last <b>Otto Sr.</b>			4. DATE OF DEATH Month <b>March</b> Day <b>15</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/7/1891</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Chicago, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Frank C. Otto</b>		13b. MOTHER'S MAIDEN NAME <b>Eva VanDrysen</b>		14. NAME OF HUSBAND OR WIFE <b>Orlena</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>709-12-1842</b>		17. INFORMANT Address <b>Orlena Otto, Bloomington, Ill.</b>		

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 Pulmonary Edema bilateral extensive**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Chronic Myocarditis with an aortic Stenosis.**

DUE TO (c) **Cardiac Arrest.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **610X**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AN AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
**Following operation for prostatic gland at Missouri Pacific Hospital on Mar 15, 1960**

20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year **3 15 60**

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

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) **17 Hosp**

20f. CITY, TOWN, OR LOCATION **St Louis Mo** COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **1130 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree title) **Patrick F. Taylor** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **3.16.60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3-18-60** 23c. NAME OF CEMETERY OR CREMATORY **Park Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Bloomington, Ill.**

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe, Inc., 4700 Washington Blvd.** 25. DATE RECD. BY LOCAL REG. **MAR 16 1960** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Edouard Remel

Licensed Embalmer No. 4283

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.