

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3331** **-61-011012** STATE FILE NUMBER

FILED APR 14 1961

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		Length of stay in 1b		c. CITY OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5029 Rosa Ave			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5029 Rosa Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EUGENE Middle F. Last HOTMER				4. DATE OF DEATH Month April Day 7th Year 1961						
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 Oct, 7, 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian-Retired			10b. KIND OF BUSINESS OR INDUSTRY Board of Education		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Frank Hotmer			13b. MOTHER'S MAIDEN NAME Francis Glosemeier			14. NAME OF HUSBAND OR WIFE Louise F. Hotmer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War #1			16. SOCIAL SECURITY NO.		17. INFORMANT Address Frances Hotmer-5029 Rosa Ave.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST								INTERVAL BETWEEN ONSET AND DEATH INSTANT		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE			DUE TO (c) 420.0			6 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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		Month, Day, Year								
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.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1955 to 4/7/61 and last saw ^{her} him alive on 4-2-61 Death occurred at 3:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) D. S. Michael M.D.					22b. ADDRESS 812 Olive				22c. DATE SIGNED 4/8/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April, 10, 1961		23c. NAME OF CEMETERY OR CREMATORY Park Lawn			23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR ADDRESS Kriegshausen-4228 S. Kingshighway Blvd					25. DATE RECD. BY LOCAL REG. APR 8 1961		26. REGISTRAR'S SIGNATURE Earl Smith. M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INTERVIEW

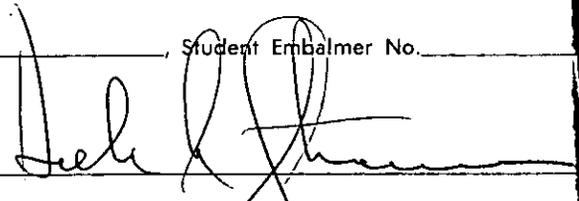
SHOULD READ

ITEM NO.

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  _____
Licensed Embalmer No. 4533

P. O. Address _____

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.