MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009194
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. _____ Registrar's No. 470

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED FEB 23 1962

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Louis County Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: Mehlville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Rt 9 - Box 296
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Otto Middle: A. Last: Holstein

4. DATE OF DEATH: Month: Feb Day: 1 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb-4-1896
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months: 11 Days: 28
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Supt.
11. BIRTHPLACE (City and state or country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Holstein
13b. MOTHER'S MAIDEN NAME: Ida Koppelin
14. NAME OF ~~HUSBAND OR~~ WIFE: Emily Holstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W W No (If yes, give war or dates of servic: Yes
16. SOCIAL SECURITY NO.:
17. INFORMANT: Emily Holstein Address: R9-Box 296 Mehlville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary artery disease — 3 months
DUE TO (c): Arteriosclerosis — year
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. ☐ Yes ☐ No ☐ Unknown

19. WAS 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.)
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 1956, to 1961 and last saw him alive on Dec 61
Death occurred at 12:02 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harry Weller (Degree or title) MD
22b. ADDRESS: 325 N Kirkwood Rd
22c. DATE SIGNED: 3 Feb 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb-5-1962
23c. NAME OF CEMETERY OR CREMATORY: New St Johns Cem.
23d. LOCATION (City, town, or county) (State): Mehlville, Mo

24. FUNERAL DIRECTOR: Fey Funeral Home, Mehlville
ADDRESS:
25. DATE RECD. BY LOCAL REG.: Mo 2-6-62
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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. Dietele

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.