

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044149

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District **1003** Registrar's No. **11255** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 30 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3716 S. COMPTON</i>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>3716 S. COMPTON</i>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>HORACE</i> Middle <i>R.</i> Last <i>DOTTERER</i>						4. DATE OF DEATH Month <i>11</i> Day <i>22</i> Year <i>62</i>					
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>12-22-1869</i>		9. AGE (last birthday) <i>92</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED SALESMAN</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>PENNSYLVANIA</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>GEORGE DOTTERER</i>				13b. MOTHER'S MAIDEN NAME <i>ESTHER RIEFF</i>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO.		17. INFORMANT <i>EMMA OTTENAD</i>		Address <i>3716 S. COMPTON</i>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Myocardial Degeneration</i>										<i>14yr</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) <i>Gen. arterio sclerosis</i>											
DUE TO (c) <i>Senility</i> <i>422.1</i>											
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 Hour Month, Day, Year a.m. p.m.											
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 <i>Mar 1954</i> to <i>11/22/62</i> and last saw him alive on <i>11/21/62</i> Death occurred at <i>130</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>R. Hochmeyer M.D.</i> (Degree or title)						22b. ADDRESS <i>4065 S. Grand</i>			22c. DATE SIGNED <i>11/23/62</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>ENTOMBMENT</i>		23b. DATE <i>Nov 24, 1962</i>		23c. NAME OF CEMETERY OR CREMATORY <i>OAK GROVE MAUSOLEUM</i>		23d. LOCATION (City, town, or county) <i>ST. LOUIS MO</i>		STATE <i>Mo</i>			
24. FUNERAL DIRECTOR <i>Thomas G. G. G. G. G.</i> ADDRESS <i>2906 Grand</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 23 1962</i>		26. REGISTRAR'S SIGNATURE <i>Head Smith, M.D.</i>					

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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 J.A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Grand

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.

*Dr. Huebner 7065 A. Grand 130-400
72-3-4434
me*