

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0016756

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3612 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1964

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Louis		Length of stay in 1b life		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 5704 Neosho		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) OTTO KOERTEL			4. DATE OF DEATH Month Day Year April 9 1964			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 7/21/1895		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) Sidewalk inspector				10b. KIND OF BUSINESS OR INDUSTRY City of St Louis		11. BIRTHPLACE (City and state or country) St Louis, Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Koertel			13b. MOTHER'S MAIDEN NAME Elsie Leick			14. NAME OF HUSBAND OR WIFE Marie			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		
16. SOCIAL SECURITY NO. 494 36 4795			17. INFORMANT Marie Koertel			Address 5704 Neosho			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 331XF		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Carcinoma of Prostate						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 checked="" 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.) Fell at home 4/7/64 as result of Cerebral Hemorrhage							
20c. TIME OF INJURY Hour 4:10 p.m. Month, Day, Year 4 7 64		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis Mo.		COUNTY St. Louis		STATE Mo.	
21. I attended the deceased from 11/7/62 to 4/9/64 and last saw her alive on 4/8/64 Death occurred at 2:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.						22a. SIGNATURE John L. Ziegenhein MD (Degree or title)		22b. ADDRESS 3720 Washington		22c. DATE SIGNED 4/10/64	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE April 11 64		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		23d. LOCATION (City, town, or county) St Louis County Mo		24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois		25. DATE RECD. BY LOCAL REG. APR 10 1964	
26. REGISTRAR'S SIGNATURE Loan Smith M.D.						27. STATE FILE NUMBER 0016756					

USE BLACK INK OR TYPEWRITER RIBBON

