

AN 1 5 1939

511
FEB 7

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3762
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 78
 (c) City Clayton (d) Street No. St. Louis County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Oellin
 (a) Residence, No. 1050 Catherins, Florissant, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1867
 7. AGE YEARS 71 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER 13. NAME GEORGE OELLIN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME IN. KNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Son, George Oellin
 (ADDRESS) 1030 Washington St. Florissant, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE BLACK JACK CEM. DATE JAN. 16 1939
 19. FUNERAL DIRECTOR (NAME) MERRICK F. HOME
 (ADDRESS) 8319 HALLS FERRY RD.
 20. FILE NO. AN 1-5-1939 J. H. Allegretti Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13/39, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1/10/39 to 1/13/39, 1939.
 I last saw him alive on 1/13/39, 1939. Death is said to have occurred on the date stated above, at 2:30A.M.
 The principal cause of death and related causes of importance were as follows:
Generalized Arteriosclerosis
Arteriosclerotic Haemorrhage of 2. Foot.
Cerebral Apoplexy
Hypertension
 Date of onset 12/24/38
 Other contributory causes of importance: 8261
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) James Dowd, M. D.
24. Louis Co. Hospital (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Arthur P. Dieckrich*

Licensed Embalmer No. *3536*

P. O. Address *H. Louis M*

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 this body is not embalmed, above space should be left blank.