V 1 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37217

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1928

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rich Hyts (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood (If outside city or town limits, write "RURAL")
(d) Street No. 2419 Sutton Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MINNIE A. OELLIEN 450
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fredrick
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Sept. (Month) 2 (Day) 1873 (Year)

8. AGE: Years 66 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Dardanelle (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name George Rodney
13. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Adelia Frances Parker
15. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant's own signature Maude Cannell
(b) Address 1613 Main - Alton Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cemetery Alton Ill
18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton Ill.
19. (a) NOV 1 1939 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1939 hour 1145 minute A M.
21. I hereby certify that I attended the deceased from Sept 26, 1939, to Oct 31, 1939; that I last saw h W alive on Oct 31, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Inanition Due to Carcinoma
Due to of Duodenum
Due to Carcinoma of Duodenum
Other conditions Ampulla of Vater (Include pregnancy within 3 months of death)
Major findings: Of operations Biliary Obstruction Carcinoma of Duodenum
Of autopsy Same

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 11/1/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert H. Streeper, Registered Apprentice No. _____ working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Illinois

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.