

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: **Lutheran 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 **7 months, 8 days**
years, months or days)

3. (a) PRINT FULL NAME **Annette Evelyn Oehler** **460**

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased **January 21, 1940**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	—	7	8	hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business _____

MOTHER FATHER { 12. Name **Albert Oehler**

18. Birthplace **Iron Mountain Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Frieda Luehrmann**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Oehler**

(b) Address **5903 S. Kingshighway**

17. (a) **Burial** (b) Date thereof **Aug. 31, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **P. S. ...**

(b) Address **1936 St. Louis Avenue**

19. (a) **AUG 31 1940** (b) **J. B. ...**
(Date of local final) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **5903 S. Kingshighway**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29th**
year **1940** hour **8** minute **30** P. M.

21. I hereby certify that I attended the deceased from **July 29**
1940 to **Aug 29** **1940**;
that I last saw her alive on **Aug 29 - 40** **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Unrestrained bronchopneumonia** **31 da**
Duration

Due to **107a**
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Unrestrained**
Of operations _____

Of autopsy **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. B. ...** (M. D. or other) _____
Address **Miss. ...** Date signed **8/30/40**

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

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.....

Max L. Warfel....., Registered Apprentice No. *215*
working under my personal supervision.

Signed *Delis J. Krupin*.....

Licensed Embalmer No. *3497*

P. O. Address *1936 St Louis Ave*

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.