

2
0-39
39
21492

791 **1003**

Registration District No. _____ Primary Registration District No. _____

Registrar's No. **7523**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4433 Forest Park Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marie Oidtmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 22, 1900.
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Loose Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Oidtmann

13. Birthplace Loose Creek Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Nilges

15. Birthplace Loose Creek Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. L. E. Boas

(b) Address 418 Olive St.

17. (a) Burial (b) Date thereof 9-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 7 1940 (b) _____
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4433 Forest Park Blvd
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th.
year 1940 hour 1 minute 40 p. m.

21. I hereby certify that I attended the deceased from May 7, 1938, to Sept 5, 1940, that I last saw her alive on Sept 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulmonary Tuberculosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration
2 yrs 6 mths

PHYSICIAN

Major findings: _____

Of operations: no.

Of autopsy: no.

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Paul G. Foreman (M. D. or other) _____

Address 3903 Olive St Date signed 9-6-40

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

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 William Motre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.