

S. No. 2
4-13-40
7-5-17-39
X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30494**
7771
Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

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:
2224 Osage St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **JOHN W. OKER**

3. (b) If veteran, name war: ----- 3. (c) Social Security No. **493-10-5525**

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

6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **October 10 1877**
(Month) (Day) (Year)

8. AGE: Years **62** Months **11** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Day Laborer**

11. Industry or business _____

12. Name **Anton Oker**

13. Birthplace **France**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Oker**
(b) Address **2226 Osage St.**

17. (a) **Burial** (b) Date thereof **Sept. 19 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **J. P. Hubbert, Jr. 1 West. Co.**
(b) Address **2842 Meramee St.**

19. (a) **SEP 17 1940** (b) **J. P. Hubbert, Jr.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **2224 Osage St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16** year **1940** hour **8** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **1935** to **9/16/40** that I last saw him alive on **9/16/40** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart** **1 1/2 hr.**

Due to **Cardiac hypertrophy**

Due to **Chronic interstitial Nephritis and hypertension.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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. P. Hubbert, Jr.** Address **4930 Riverside** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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, fact should be so stated above.