

FILED FEB 25 1941

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 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: 3519 University 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")
(d) Street No. 3519 University St. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1941 hour 12 minute 16 a.m.

21. I hereby certify that I attended the deceased from June 14, 1939 to Jan 29, 1941.
I last saw him alive on Jan 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 2-1-39

Due to Atherosclerosis 2-8-39

Due to _____

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings: 93e
Of operations: 93f

Of autopsy: _____

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) _____
(e) Means of injury D

23. Signature Wmmett Burns (M. D. or other) MD
Address 386 R. 4 Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Edward T. Oldendorph,

3. (b) If veteran, SS. 498-18-0831 name war _____
3. (c) Social Security No. None

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

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

7. Birth date of deceased: December 23 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Millstadt Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Retired

12. Name Henry Oldendorph

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Seibert

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

16. (a) Informant Vigil Oldendorph

(b) Address 3519 University St.

17. (a) Burial (b) Date thereof 1 31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

Cullinane Bros.

18. (a) Signature of funeral director _____

(b) Address 1710 N. Grand Blvd.

19. (a) JAN 30 1941 (b) J. W. Bridgch
(Date received local registrar) (Registrar's signature)

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.....

Fred Frick

Licensed Embalmer No. 3186

P. O. Address 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, above space should be left blank.