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5-17-39  
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4284

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FEB 14 1941

Registration District No. 784

Primary Registration District No. 109

State File No. \_\_\_\_\_

Registrar's No. 102

1. PLACE OF DEATH:

(a) County ST. LOUIS =  
(b) City or town MAPLEWOOD -  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2645 SUTTON  
(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 MO. (b) County St. Louis 96  
(c) City or town MAPLEWOOD -  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2645 SUTTON AVE =  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME JULIUS OECHSLE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife THERESA OECHSLE 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased: Jan. 9 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Belleville Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH RET. 12 YRS

11. Industry or business \_\_\_\_\_

12. Name GEO. OECHSLE

13. Birthplace GERMANY 4  
(City, town or county) (State or foreign country)

14. Maiden name BARBARA MICHAEL 4

15. Birthplace GERMANY = 4  
(City, town or county) (State or foreign country)

16. (a) Informant Mary J. Oechsle

(b) Address 2645 Sutton Av. -

17. (a) BURIAL - (b) Date thereof 1/18/41 =  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY =

18. (a) Signature of funeral director M. J. Crisp

(b) Address 7146 MANCHESTER =

19. (a) JAN 17 1941 (b) R. M. Myers MD Supd  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 15TH  
year 1940 hour 12 minute MIDNITE M.

21. I hereby certify that I attended the deceased from Dec 15 41, 1941, to Jan 15 1941, 1941;  
that I last saw him alive on Jan 15, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral Hemorrhage  
(Include pregnancy within 3 months of death) 2 weeks

Major findings: Chronic Myocarditis

Of operations \_\_\_\_\_

Of autopsy 100

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 \_\_\_\_\_

23. Signature Vincent Hornsund (M. D. or other) MD

Address 3101 Sullon Av Date signed 11-17-41  
Maplewood Mo

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

6306

144

Dr. Townsend 3101<sup>2</sup> Sutton

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**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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

**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.**