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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14912

State File No. _____

Registration District No. 421

Primary Registration District No. 55-15a

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town CRYSTAL CITY, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 38 years years, months or days

3. (a) PRINT FULL NAME RICHARD W. OLDHAM, SR.

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

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife ELIZA OLDHAM 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MARCH 12, 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace South Shields, England (City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Pittsburgh Plate Glass Co.

12. Name John Oldham

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

14. Maiden name Caroline Unknown

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

16. (a) Informant Richard Oldham, Jr.

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof April 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Gentry R. Vallette

(b) Address Crystal City, Mo.

19. (a) 4/12/41 (b) E. R. Pritchard (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Crystal City (If outside city or town limits, write "RURAL")
 (d) Street No. Jaylowl Ave (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1941 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 20 to April 5 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
 Due to Chronic Myocarditis

Other conditions None
 (Include pregnancy within 8 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 _____

(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? No

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Crystal City, Mo. Date signed April 11, 1941

Duration 16 days
 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.