

FILED NOV 6 1942 318

1003

Registrar's No. 9011

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town. ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MISSOURI BAPTIST HOSPITAL
(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. St. Louis 96
 (c) City or town. ST. LOUIS MO. NR. 0
(If outside city or town limits, write "RURAL")
 (d) Street No. CRYSTAL LAKE
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 1

3. (a) PRINT FULL NAME John. GEORGE OEHLER.

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

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. JESSIE OEHLER 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. JULY 12, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>16</u>	<u>4</u> hr. <u>5</u> min.

9. Birthplace. ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation. NIL

11. Industry or business.

12. Name. CHARLES OEHLER

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

14. Maiden name. MARIE SCHAEFFEN

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

16. (a) Informant. Mrs. Jessie B.P. Oehler

(b) Address. Crystal Lake Park

17. (a) BURIAL (b) Date thereof. Oct. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lakewood PARK CEM.

18. (a) Signature of funeral director. E. J. Schmur.

(b) Address. 3125 Lafayette Av.

19. (a) Oct 29 1942 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct day. 28
 year. 1942 hour. 1:40 minute. 2 M.

21. I hereby certify that I attended the deceased from Oct-18, 1942, to Oct-28, 1942
 that I last saw him... alive on Oct-27-42, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death. Siber pneumonia

Due to.....

Due to.....

Other conditions. Diabetes
(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)..... no

(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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature. J.H. Hale (M. D. or other).....

Address. 4903 Delmar Date signed. Oct 28 42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Joseph Bollman

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.