

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

35758
State File No. 9944
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1942
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
2522 a N. 9th Street
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2522 a N. 9th street
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Helen Oakes
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 27
year 1942 hour 6 minute 25 p. M.
21. I hereby certify that I attended the deceased from Oct. 7
1942 to Nov 27 1942
that I last saw h. ex. alive on Nov 18 1942
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles S. Oakes
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 27 1875
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 67 Months 8 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business at home

MOTHER FATHER
12. Name Frederick Benning
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Scherer
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles S. Oakes
(b) Address 2522 a N. 9th St.
17. (a) Burial (b) Date thereof Dec-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery
18. (a) Signature of funeral director L. Thom P. U. Co.
(b) Address 2707 N. Grand Blvd
19. (a) NOV 30 1942 (b) J. F. Bredel
(Date received local registrar) (Registrar's signature)

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 George Mueller (M. D. or other) _____
Address 2522 N. 14 Date signed Nov 29 1942

Duration not known
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 *Paul F. Groenker*
Licensed Embalmer No. 2831
P. O. Address 2707 N. Grand

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.